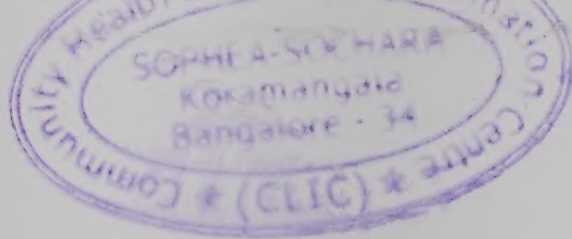


EXPRESSIONS

Stories of Struggle and Success of ANMs

M. PRAKASAMMA



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SOPHEA

Acknowledgements

These stories were collected from nine states (Assam, Jharkhand, Madhya Pradesh, Meghalaya, Nagaland, Tamil Nadu, Telangana, Uttar Pradesh, West Bengal) between March and June, 2015. The purpose is to present the facts about the work of ANMs in a readable manner so that the women health care providers working on their own in remote areas are better understood.

I owe a deep gratitude to those who facilitated the interviews: Buluma Saikia from Assam, Manasi from West Bengal, Sheela Kapoor from Uttar Pradesh and Nirmala from Tamil Nadu. Stories were written in trains, hotel rooms, guest houses, beaches and restaurants. ANMs were always in a hurry – either returning from the field or going home to fulfill their responsibilities at home, or they were rushing off to conduct immunization sessions. I am deeply grateful to all the ANMs who shared their stories with me. ANMs were hesitant to speak, and tell about their work. A lot of guiding questions had to be asked to reveal the details. Once they started, ANMs had plenty to talk about. I was amazed at the range and depth of their experiences. Each one had scores of stories to relate - of hardship, personal sacrifices, harassment, achievement, recognition from communities and successes in saving lives.

I am indebted to ANSWERS for supporting me in this unplanned and labour intensive endeavour. I want to thank Sneha for being a sounding board and listening to the initial drafts, to Dhanraj for his patient assistance in preparing the manuscript, and to Salil for his ideas and design.

M. Prakasamma

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-Thelma, hope
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Abroja Khatun's Story

Motivating for institutional delivery? Each case is a challenge for ANMs

For outsiders, the work of ANM may not seem hard. What is she doing, only giving vaccine?" They will ask like this. Officers also think, "Now we have given her ASHA. ASHA is motivating all the women. Women are all coming to hospital for delivery. There is not much work for ANM now". To those people, I want to tell, "It is not easy to convince women and family to go to hospital for delivery. Sometimes, woman wants to go but family is having other idea.

You may think it is a nice thing we are saying, 'Come to hospital for delivery, in the hospital, they will take care of you' On top of that we are telling, 'One vehicle will come to your house and take you to hospital, you will also get money if you go to hospital'. You may think, which woman will not feel attracted, no woman should say no to this. But let me tell you, even with this very attractive offer, it takes many days and repeated visits to convince the family. Let me share only one case with you.

Mina Bibi of my subcentre area became pregnant for the second time. Her

Here, in my area, the family and husband will decide everything. Even if she does not like what they are saying, she will remain silent.

husband and family decided she would deliver at home. Here, in my area, the family and husband will decide everything. The woman will only obey. Even if she does not like what they are saying, she will remain silent. The ASHA of the village, China Bibi, first tried to convince the family that institutional delivery is better, safer, family will get money. "Nowadays, everyone is going to hospital for delivery. Government is telling like that. So you must take Mina Bibi also to hospital", she

stressed repeatedly.

She tried to tell them in many ways. She was not successful. Then China Bibi reported the matter to me. She said, "The husband and family are stubborn people. They are not listening to me. They are thinking, I am ASHA from their own village. If you tell they will listen because you can tell so well". I went to Mina Bibi's house along with ASHA. I spoke to the family and also to the woman. I told them all the benefits that will happen if they go to hospital – all the emergency management for saving life of mother and baby, in case of complications. I used all the procedures I learned in the training programmes for motivating the public. I listed out the programmes which the government introduced for mother and baby such as JSY, JSSK, voucher system, birth dose of immunization, etc. I followed the 'GALPAC' steps correctly – greet, ask, listen, praise, advise check.

They heard me patiently and said they will see, may be. I made repeated visits to the house of this family whenever I went to the village, sometimes with the ASHA, sometimes on my own, I used all the influential people of the village such as trained dai and other senior women. All my perseverance resulted in a positive manner. The family finally agreed for taking her to hospital. She delivered a healthy female baby. The ASHA and

I made sure that she got all the benefits that we told them about.

In the community, we have to be patient. Change will not happen in a single day. We ANMs have to put much energy in our work so that we can develop our Country into a healthy one. Many times, people are resisting to do what we tell them. Sometimes we are also getting tired, telling again and again. But if we stop, they will not change.

ASHAs are a great help to us because they are able to give us information. They tell, this woman is like this, this husband is not agreeing, this mother-in-law is not allowing rest to the pregnant daughter in law, like this they tell us many things. We are not from the village and we have to survey and serve so many villages. So we are not aware of many family matters. ASHAs tell us which family needs more visits. We are able to make better plan so that time is saved in home visiting. But people will not listen only to ASHA. She is from the village. ASHA needs ANM to deal with difficult cases as she is not qualified like us.

I used all the procedures I learned in the training programmes for motivating the public. I followed the GALPAC, steps correctly - greet, ask, listen, praise, advice and check

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Alamelu's Story

Faulty system! Mass repair required!

The PHC is located just next to my subcentre. So when a full term woman whose EDD was only two days away came with pains I took her to the PHC. I knew the woman well and I could have conducted the delivery because she was second gravida and her hb was 8 gm. Low hb was the usual finding among pregnant women in the villages even after giving iron and folic acid tablets. But she was pale and weak. She also appeared dehydrated. She needed fluids and I was worried about postnatal bleeding. So I took her to the PHC next door.

The PHC had a male doctor, but atleast I could make sure she received fluids and I could take care of the actual delivery, I thought. It was 4 PM in the evening when we went to the PHC. I reported the history of the case to the doctor and told him why I brought her to the PHC even though she was a normal case.

The doctor started the IV fluids and said, "Look after her", and left. After some time the PHC staff also left because their duty time was over. Now I was alone with the woman and her maternal grandmother who was 75 years old. They were very poor. The woman's husband had gone looking for work as a migrant labourer.

I stayed with the mother because the fluids were running. She was only four cm. dilated and I knew it would take some time. I thought I would wait till the fluids were over and then go home for some time. But while the fluids were running itself she had convulsions. Now this became serious. First I found out that the convulsions were not due to fluids, because she did not have any other signs of reaction. I discontinued the fluids for safety and asked the grandmother for background. I was informed that once in childhood

also she had fits. There were no further convulsions. So I thought, maybe this is not eclampsia. Still, I cannot neglect. I must think about the safety of mother and baby only, nothing else, like it will be trouble for me. There was power cut in the PHC and it was dark. I tried to call the doctor on the phone but he did not respond. I thought I should shift the woman just to be on safe side.

I called the taluka hospital for ambulance but they said that there was no ambulance at that time. So I had to call a private ambulance. The ambulance came within 15 minutes. The driver and the grandmother helped to take the woman into the ambulance. She was also scared, poor thing.

On the way to the taluka hospital, I stopped the ambulance at the PHC doctor's clinic. I had to find him because he had not responded on the phone and he may scold me later for taking the case out without informing him. I left the woman inside the ambulance and went inside and explained the situation to him. He came out and gave an injection (sedation) to the woman in the ambulance and said to take her. We went to the taluka hospital. But they did not admit the woman saying they did not have facilities to deal with a woman who was having complications like convulsions. I was upset.

It is a very bad situation if the woman has to go from place to place even when ANM is with her. But this was my case, from my subcentre. So, I requested the ambulance driver and said, "Let us go to the district hospital. I am sure they will have facilities there because it is a big

It is a very bad situation if the woman has to go from place to place even when ANM is with her.

hospital. You can leave us there. I will be responsible for the payment". The driver was a kind man. He was willing to come. Many times, it is difficult for them also. If they help because of kindness, they may not get money, because the poor people don't make prior arrangements.

When we reached the district hospital in Cuddalore, the driver helped me to take the woman to the labour room. She had to be carried because she was drowsy with the sedation that the PHC doctor had given her. I went inside and introduced myself. Many of the people in the district hospital knew me. Added to that I was in uniform. I reported the entire details. I said, "Full term, normal pregnancy, two days left for EDD, membranes not ruptured, slight anemia, fluids given in PHC, had convulsions, PHC doctor gave sedation".

The doctor in the district hospital was a DGO. She heard all that I said and told me to take her to JIPMER in Pondicherry which was the nearest referral hospital. She said this is a case of convulsions, under medication and it is a risky case. I tried to explain to her that the drowsiness was due to sedation, and already the mother was more wakeful now. She said that this case may be already rupture uterus. I told her that I had checked the abdomen in the ambulance also and that it was normal and there were fetal movements. I requested her to at least examine the woman but she refused, saying "This is a case of convulsions and she is unconscious. Uterus might have ruptured. I will not touch. Take her to JIPMER".

"This is a case of
convulsions and she
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Uterus might have
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Take her to
JIPMER"

I became angry at her casual attitude. The grandmother was listening to me and called me aside and said, "There is no rupture. If there had been rupture, how is the baby moving inside. The baby is healthy. You don't worry. Let us take her out from here and go to Pondicherry". At that moment I felt like crying. The grandmother appeared like a god to me. What this illiterate old woman could observe, the doctor who was a DGO was not even willing to see. I respected the grandmother's wisdom

and her strength. There was no stretcher and so the driver again helped us to carry the woman to the ambulance. It was already late night by now.

We reached JIPMER by 9 PM and got her admitted into the Casualty. There was a young doctor on duty. I said to him, "I am Tamil Nadu VHN. This is my case". I gave the entire report again. He saw how much we had struggled and how upset I was. He said, "Don't worry sister. Your mother and baby are safe. There is no rupture". Of course, I knew it already. But it was nice to hear this doctor also confirm my assessment.

"For no fault of hers, the woman had to be shifted from PHC to Taluka, from taluka to district, and finally to tertiary hospital – all for a normal delivery."

By now the effect of the sedative was also reduced and she became more awake. She delivered within half an hour. It was a normal delivery and a healthy female baby was born. Looking at both of them, I felt a sense of relief. I had been under stress from 5 PM to 9.30 PM. The grandmother was a source of support. I heard senior ANMs telling me that the dais in the olden days were a great support to ANMs because they knew so much. It was like having an experienced dai with me.

It was too late for me to return back to my village at that time. I stayed in JIPMER just like other patient attendants. If there was a common room for us ANMs who come from the field to at least take some rest, how nice it would be, I thought to myself. But who will do nice things like that for ANM?

In the morning, I went to a friend that I knew in JIPMER and borrowed some money from her. I got some food for the grandmother and myself. I then gave her Rs 200 for other expenses in the hospital. The grandmother told me, "Now go home and take some rest, you have not eaten or slept well in the night. Everything will be alright now".

I went home and first visited my area and told the relatives and others that the mother and baby were safe. This information to the relatives is important, because the people will get worried. Then only I went home

and had a bath and took some rest.

Later the grandmother convinced the woman to accept sterilization even though both children were daughters. She said, "Enough now, you are weak, your husband is not here and don't know much money he will bring home from his wages. Two girls are enough. You can educate them and bring them up well. Our days were different. Now it is foolish to have more children". The family is healthy and doing well now.

For no fault of hers, the woman had to be shifted from PHC to Taluka, from taluka to district, and finally to tertiary hospital – all for a normal delivery. It was all unnecessary and so much trouble for them and for me. If the referral system was good and smooth, this could have been avoided. Many times I thought, did I do right by taking her to PHC? It was finally a normal delivery. I could have done it at my subcentre itself. I hesitated to keep her in the subcentre and even moved her from PHC because I wanted better services for her. But the district hospital DGO refused to even touch her for fear of blame. The PHC staff were not available, the taluka hospital was not even willing to allow the woman inside.

The DGO had caused me so much trouble that I wanted to take up this matter with the district. How can we ANMs work in the field if the doctors will not support us. They have studied so much more than ANMs and they have all the facilities in the hospitals. They must treat the patients when we take them there. The people think we ANMs know all about the hospital, and the doctors will listen to us. But if they do not help us, we will not be able to help in the field. I wrote a long letter describing all the events to the Joint Director.

It appears to me that we have to repair the system all the way – from subcentre to the top, not from top to down.

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Alpana Santra's Story

Rescue women from their eternal curse, please!

Mine is multipurpose health work – to maintain health, restore health and to prevent diseases. I am expected to do all the work required for keeping people healthy. I have been working in this subcentre for 31 years now. During this long period, I experienced many incidents of poor health, illnesses, crises and also suffering. Every one of these experiences have enriched my life and made it deeper. While working in the field we are not sure when there will be emergency or when there will be difficult case. So all the time we have to be alert.

This is the case when women are not having good status in society and when nutrition is very poor and sanitation is absent. I have seen all women are having ill health problems. No woman is really enjoying good health. Anemia is their special enemy, it is their eternal curse. I want to share my experience with one case and what I did to help.

Women in our villages are always anemic. They work very hard and don't eat enough food. They eat last, many times their hunger dies by the time they eat. We ANMs cannot change the entire society. But we can help some

women at least when they are pregnant. This is the story of one young anemic pregnant woman. It is the story of Cháya Koley. About six months back, this third gravid antenatal woman came to my notice. I had to really struggle hard to maintain her health and have safe mother and safe baby by the end of pregnancy.

I kept thinking about her. I felt this woman is not going to improve. I must do something to help her.

In the first trimester itself, when I registered her as a pregnant woman, her hb was 10 gm/dl. I knew many women have less than this. Still, I do not want her hb to go down lower than this. I want her to improve. So I told her about the importance of having adequate blood, gave her diet advice and also told her very strictly to take IFA tablets. Then I saw her again in the second trimester. I again checked her hb. This time I was worried to see it had gone down – it was 8gm/dl. Again I spoke to her for a long time and told her that her health should improve, her blood had become weak and that she should take the tablets regularly. What else can we do? People are poor, telling them to eat well is not useful. While I was continuing my work in the village, I kept thinking about her. I felt this woman is not going to improve. I must do something to help her. Because I had doubt about her taking the tablets regularly, I went to visit her in her home.

I saw the situation in her home. She was not able to take care of herself or even eat proper food. I also questioned and found out she was not taking the tablets regularly. I asked her to come to the health centre for hb testing. She did not come that day and because I was busy and it was late I could not go to her house again. Next morning I went to her house and spoke to her. She appeared weak. When I tested her hb, the result was as I feared. It was only 5gm/dl. It was almost the third trimester. I told her about the situation and said that it was now serious and she has to get blood transfusion. I referred her immediately to the Rural Hospital. I gave her all the instructions – how to go, whom to meet, and that she has to be admitted. I also informed the Block Public Health Nurse and Block

Medical Officer about the case and said, "One Chaya Koley, third gravida in last trimester with hb 5gm/dl will come for admission. Please help her. I think she was not taking the iron and folic acid tablets regularly". I also told them that I would come the next day and talk to her in the hospital.

When I went to the Rural Hospital, the next day, I learned she had not come to the hospital. I knew she needed help. Women are like that, they will not consider their health. I went to her house again the next day. She was not at home. She went out for working in the field. My condition was also bad now. I was angry and upset. Going to do heavy work in the field in her condition and with 5 gms hb? When will women learn to take care of themselves? My mind was in turmoil. I tried to focus on other work. But I could not. I went to her house several times that day to take her to hospital. Finally, she came back late in the evening after completing her work in the field. She looked very tired. Her face was puffy, there was odema on her ankles. and her palms and conjunctiva were pale. I was really sad to see her, and little angry also. But what can I do? There was no use scolding her or telling her that I had been waiting the whole day for her. I must help her urgently. I arranged for 'Nischoy Jaan' and made sure she went to the Haripal Rural Hospital that day itself. But, again there was misfortune for her and for me. The gynecologist was not available in the hospital and so she was not admitted. Next day, I again sent the mother to the hospital. This time also, she was not admitted but sent directly to sub divisional hospital.

She was admitted in the sub divisional hospital and two units of blood were given. Her hb level increased to 11gm/dl. She was discharged and went home smiling. By the time of delivery, she was healthier, Yesterday, she had a normal delivery in the Rural Hospital.

The ANM was the target for all – public, leaders, male workers, health inspectors, doctors, officers, everyone.

I was angry and upset. Going to do heavy work in the field in her condition and with 5 gms hb? When will women learn to take care of themselves?

The mother and baby are healthy. For me, there is a feeling of deep satisfaction, that a life, no, two lives, were saved because of my repeated visits and continuous follow up.

There are several such stories in my experience. Women who are sick and do not go for treatment, women who are anemic but do not take the iron and folic acid tablets, women who are too weak but do not have contraception and become

pregnant repeatedly.

I especially feel that something must be done for reducing anemia among women, not just pregnant women, but all women. The low hb makes them further weak and depressed. Can the government do something for women please?

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Anjali Devi Kalita's Story

Always on duty: ANMs work at all times, at all places!

The work of the ANM does not end at the border of the subcentre village. It extends and extends from village to bus stop and from there till the home and from home to the relatives and neighbours. Sometimes it appears as though we are always on duty. Village people may call for some emergency like labour pains. Neighbours may ask some advise or request, “come and see my old mother-in-law, she is not talking”. They will ask for checking BP, or looking at the test results, or giving some prescribed injection.

This story is about one such neighbor. She is 30 years old and has two children – one girl and one boy. She did not take up operation for family planning but they were using condom. I know all these things because I had given health education and also tried to motivate her to accept sterilization or CuT. I used to tell her, “Don’t believe in condom only, sometimes it may be dangerous for you if your husband will not agree or forget, or some such thing. Better use CuT. It is safe only. I am seeing women in my area”. But she did not listen.

Because she was my neighbor, I used to visit her now and then just to find out about her health and also to look at the children. One day I just walked in to see them and found her in bed. It was in October, 2013. I was surprised because she is usually a very active woman - all the time very busy with the household work.

I touched her forehead and found it cool. I checked her hands and feet and could tell that the effect of loss of blood was clearly showing in her health condition.

She was pale and weak and could hardly speak clearly. I asked her what was wrong. She replied in a very weak voice, "I am having very heavy bleeding since last night. It is not less even now, it is still coming". I found out that the bleeding had increased today. I touched her forehead and found it cool. I checked her hands and feet and could tell that the effect of loss of blood was clearly showing in her health condition. Her eyes were pale and the skin around the eyes was dark. She was not able to breathe properly. I thought this must be because of less hb as she is bleeding for the whole day and night. I thought it could be abortion but she was not able to talk much.

I knew it was a serious condition and told her, "You must go immediately. Go to the nearby PHC. First the bleeding must stop and you must get blood. Otherwise the situation will become worse. I know the people. I will talk to them". She was not willing to go. She said everything would be alright within a few days if the bleeding stopped. I had to be very strong. I told her in scolding terms, "It is not alright, it is urgent. You may die and then what will happen to the children?"

She was still hesitating what she should do and so I made the decision for her. I called the 108. Fortunately, it came immediately. I thought that it is her good day. After reaching the PHC, the doctor looked at her and said that it is a very serious case and referred her to the Guwahati Medical College Hospital. In the Medical College Hospital, they examined her

and confirmed that she was bleeding due to miscarriage. They gave her IV fluids and blood transfusion and did all the treatment.

ANMs are helpful everywhere even when they are not on duty in the subcentre.

In a way I was satisfied that my assessment was right and that I made the correct decision to refer her immediately. Further delay would have resulted in a maternal death due to abortion. The children would have become orphans. I also kept her two children with me while she was in hospital. The family was happy because I took action in the right time. She thanked me in deep words. What a good deed I have done to my neighbor, I told to myself! It is my ANM work that has saved her today, I thought. ANMs are helpful everywhere even when they are not on duty in the subcentre. I am always thankful to the almighty god for giving me such a good opportunity to help people in trouble and sickness. It is a big blessing to be a health worker. I think all ANMs are fortunate and are getting blessing for helping poor people.

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9859010923

Anu Borah's Story

Be alert ANMs! **One rumour is enough to harm you!**

The intensive pulse polio immunization started in 1997. During the starting round, the IPPI was in full swing in the whole of Assam. We were targeting all 0-5 year old children. I was then working as an ANM in Bhokotgam subcentre under Juktoli mini PHC of Sivasagar district. We were busy giving drops to all the children. On the third day three children in my subcentre had vomiting and diarrhea. It was not unusual for children to have vomiting and diarrhea. It happens for many other reasons, not because of polio drops. But some people who do not like ANMs can use such incidents to make stories and harm them.

There was one man in the village, who was trying to create problem for me. He was also a small political leader in the village. When the children had diarrhea and vomiting, he thought, "This is my chance". He went all the way to Juktoli mini PHC and complained to the doctor about me. He said, "The ANM does not know how to give properly, she did something wrong and the children are sick". He also said, "I am not the one saying this, I heard the doctor in Dibrugarh hospital telling like this to the

parents of the children who were taken to the hospital for treatment of vomiting and diarrhea”. The mini PHC doctor listened to him patiently. He then told him that he will look into the matter. The doctor knew about me and how I used to work in the community. He sent a letter to me to go and meet him. I went immediately to meet the doctor because I did not know why he was calling me. He told me about the man and said that I should go to the homes and talk to the parents and take their statements and submit in the PHC. He was telling me to defend myself. Did the doctor in Dibrugarh really tell the parents that I was not good in giving health care?

The next day, I went to the houses and asked the parents what happened in the hospital and what the doctor said to them. The parents told me that the doctor did not say anything about me. In fact he had told them to keep surroundings clean to avoid infection to children. When I told them that there was bad propaganda against me, they refused to write anything bad and said they were happy with me because I visited them so often and gave them all the vaccines and medicines. I wrote down all the conversation and gave the papers in the PHC.

But I knew the matter will not be closed in this simple manner. The man with the evil thoughts in his heart will try to harm me in other ways. He will say other bad things about me. It is better that the community should

The man with the evil thoughts in his heart will try to harm me in other ways. He will say bad things about me.

know about this man. I visited the village again and went to this man's house. I asked him, “Why did you spread bad things like this about me?. People will think I am bad and they will not come to me for help or listen to me when I give them advice. I am just doing my duty and trying to help the poor people in the village so that mothers and babies will be healthy”. He did not answer anything. I think he realized that I will not stay quiet.

But I could see that he was still looking at me with evil eyes.

People should trust and believe me, otherwise they will not take even vaccine from me, and they will not come and tell me when they are pregnant or if they need some secret help. So I decided to organize a meeting in the village. I informed all the villagers about the meeting. Majority of the people in the village attended. I first informed them about the vaccine and about polio drops and why pulse polio programme has been started. I told them that the diarrhea and vomiting is not because of the drops but because of unhygienic practices and we all must try to keep our surroundings clean because babies are playing in the area. Then I told them about the bad rumor created that I was responsible for the diarrhea and vomiting of the children. The people were surprised. They knew me and were witness to my work. They told me not to fear because they will be with me. I thanked them and said I would do my best to provide good quality services to them.

God Bless those people!

People should trust
and believe me,
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need some secret

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Aradhana De's Story

An experience in home nursing

She was 74 years old and very frail and thin. It appeared as though she had not eaten anything for months. Helubati Sheet of Kankila subcentre was a case of Category I TB undergoing treatment under the RNTCP (revised national tuberculosis control programme). She was so old and sick that she was not able to consume the TB drugs provided under DOTS. She was part of my subcentre and so I was responsible for her treatment and recovery.

When I was reviewing the TB DOTS cases in my subcentre the local ASHA, Jyotsna Dey reported to me about this case. I decided to visit her home and assess the situation. I already knew I would not be seeing a good picture seeing her age and weight. The old woman was only 26 kgs!

When I visited her, I felt very sad. I could see she was neglected for a long time. Her family members thought she would die soon and so stopped caring for her. I wanted to help this poor old woman and see if my caring and support will get her better. I spoke to the BPHN and requested her to give me support. She was ready and came immediately. We again visited the house – ASHA, BPHN and I. We went with determination to do whatever we can do for her.

Our BPHN didi did complete head to toe examination for Helubati. She also looked at her records to see if there were any abnormal findings. She informed me that Helubati did not seem to have any medical problem except mild gastritis and indigestion and that this was probably because she was not eating regularly. We discussed the situation and talked to the family about her nutrition and regular medications. We also suggested that it would be good to get her admitted into hospital for a few days. In the hospital she could be given fluids to give her energy and to make her better. The family members were not very keen on this idea. It would be a lot of trouble for them.

Our BPHN then said, "It is better not to disturb them and further cause trouble to the old lady. Let us do home nursing care regularly and give our best services. I am sure she will improve with care, nutrition and correct dose of medications". We both – ASHA and I – agreed to provide care according to our didi's plan.

Our BPHN didi said, "First we have to adjust her medications. For geriatric patients and for those with very low weight the dose is lower. I will talk to the Block Medical Officer and adjust the dose and then we will give her the medications as soon as she starts getting better food so that her weight also improves."

ASHA and I took special duty to visit her regularly so that she was given feeding and some soft food. We spoke to the family and helped them to make some adjustments. In the meanwhile, BPHN didi spoke to the lady medical officer at the block PHC and described all the findings of Helubati. According to this the drugs were changed. The pharmacist took the old medicine box and gave the new one (child dose). The doctor also prescribed Pantocid for relieving gastritis.

BPHN didi bought the medicines in the

Her family members thought she would die soon and so stopped caring for her. I wanted to help this poor old woman and see if my caring and support will get her better.

local shop and handed over the medicines and the DOTS box to the ASHA worker with all precautions. I then prepared a diet plan for Helubati with the help of BPHN didi. We took all these and went to the patient's house and explained to the family members. They did not have to spend more money, only take more care. We explained about the medications to an adolescent girl in the family who was studying class XI. We explained also about personal hygiene, adequate water and regular skin care.

This old woman, who was so sick and on her death bed, was able to talk in front of so many people.

Gradually, with regular visits and monitoring, Helubati improved. Her gastritis reduced and she started eating better. She was taking medications regularly. Her weight increased. Helubati became so much better that she could even make a visit to her family members in another distant village. On world TB Day on 24th March 2015, we were all pleasantly surprised. She even delivered a short speech to motivate other TB patients to take medicines regularly. Seeing her standing there and talking, we were all overjoyed. I realized what great effect our services can have on people. This old woman, who was so sick and on her death bed, was able to talk in front of so many people!

Aradhana De is working as an ANM in Kankila subcentre, Bankura district of West Bengal. She is available to share many more stories about TB patients. She can be contacted on her mobile at +91 9474775308

Bhabani Das' Story

Up and down, up and down... there is nothing called road here!

My subcentre Dolepaham is located in Azara PHC. It is 32 kms away from the PHC – 12 kms by bus and 20 kms by walk. It is a hilly area. There are 69 small and big hills that I have to climb up and down to reach my area. Some hills are high, some are not so high. There is nothing here that we can call roads, only some narrow paths that go between the boulders and the bamboo shoots. The whole day, we are going up and down to reach my subcentre. Most of the time, it takes about six hours walking time to reach the places in the forest where the tribal people live.

When I have to go for visits, I get help from a male health worker, one NRHM ANM and one villager. When we travel in the interior areas to reach people we go prepared for staying five to six days at a time. We take consumable items - water to drink, some food to eat on the way, a lot of raw materials to cook for one week for all of us, medicines, our clothes, vaccine carrier, registers. All these things make about six to seven heavy bags. With these we have to climb up and down. The helper carries the heavy bags and goes on climbing. We take sticks for support and stop us



from falling, and follow him. Many times we take the name of god, whichever god we believe, to protect us from wild animals and accidents. On the way, we stop and eat our food, when we are hungry or find some good place or some flat ground. But we cannot take too much rest. Otherwise it will get dark and dangerous. So, we eat quickly and again, climb up and down with our sticks and bags.

When we reach the village, we set up the health subcentre at the ASHA's house, on the plain

ground. There is no other place or tables or chairs, or anything like that. We try to provide all the services for the people during the single monthly visit. We spend time with them and listen to their troubles, we give health education, try to answer their questions. We have to do maximum because we can go into the hills only once in a month and each visit takes one week to go and come back. The rest of the time we are given duty in the PHC.

However much we work, no one has paid any attention to us ANMs. The only thing that the officers are interested in is whether we went into the hills or no, but how we are and what will happen to us, that no one is paying attention.

Now they want to bring the woman down to the plain areas before the due date. I became agitated and asked, "Why Sir, where will they say? How will they live?" The doctor said, "One quarter in the PHC is vacant. Let them stay there. Government want 100% institutional delivery." Who will

understand women's difficulties? But they are my people. I cannot leave them at the quarters like that. I arranged for the women's food - sometimes I cook and take. How many things can they bring? Sometimes, due date is late. It is a disturbance to the family. We are disturbing too much for our programme. In the hills, at least they have clean air. Here in the city, what do they get?



Bhabani Das works as an ANM in Dolepaham subcentre, Azara PHC, Kamrup district, in Assam. She can be contacted on her mobile +91 9401155956

Buluma Saikia's Story

The bad have long hands!

I joined the Assam Government Service in the family welfare department on 17th July 1988 at the age of 21. My subcentre was called Jamlai, but they posted me to work in Jharubari Maternity Health Centre. This was my first posting and I was very interested in my work. I focused all my attention on my work and in gaining experience. My training period had given me a lot of confidence in public speaking and I used all these skills to learn to convince the people for better health.

I gained experience in conducting deliveries and doing many other health care activities. While I was shifted from the first subcentre to the second and third my communication and clinical skills improved. I also tried learned to travel alone and coordinate activities at village and taluka level. I gained name as a good communicator.

It was not easy to maintain work life and also discharge my duties as the leader of the Association. In between all these it was my family that suffered the most. My husband helped me and took care of my two sons most of the time. In 2007 I was elected to be on a team to visit Japan to



study about maternal and child health in the country.

I extended my work to helping in social activities and senior citizens, women's association and pensioners schemes. I regularly help the Pensioners Office in their health programmes.

My life as a leader

I became an active member of the All Assam ANMs and LHS Association in 1994 and worked in many positions. I was elected leader of the All Assam ANMs and LHS Service Association and been in this position for some years now. During my tenure, I have faced many difficulties while striving for the welfare of the members of the Association. Many times, the situation reached such a critical stage that it becomes difficult to handle and took a long time and a lot of energy and risk.

Every leader is at risk all the time if she wants to get the best for her

members. Most of the time the situation becomes critical because the senior officers in the health department who are responsible for our welfare are not interested to listen or find amicable solutions to the problems, or they wait too long to solve problems.

Problems may arise when an individual member is treated unfairly or some injury has happened to her. It may also arise because of differences in points of view. The conflict may be: ANMs versus ANMs; ANMs versus LHSs; ANMs/LHSs versus doctors or other health staff of the subcentres, PHCs, CHC, medical college, nursing college, etc. Any conflict must be analyzed and understood carefully. All sides must be given attention, It requires a lot of continuous effort, debate, discussion – it is all very tiring. Many times, as a leader, I have to deal with misbehavior of other staff towards ANMs. Here, let me give you one example of such a case.

Jamuna Noon was working as an ANM in Goalpara district. One of the doctors in the district had misbehaved with the ANM and manhandled



her. The information was given to me by our district committee member in Goalpara on 10th September, 2010. She approached our district Committee and because the situation was serious, she was asked to go to the police station and file FIR against the doctor. But the police did not take any action. In the meantime, the doctor also went and filed a case against the ANM. This became a counter case and it became very complicated. Our Goalpara committee informed the Association Central Committee about the situation and said, "It is becoming very grave. We are not sure whether justice will be done. You people please come and do something"

We from the Central Committee had a big responsibility. We wanted justice for the ANM. Misbehaviour should not be accepted. At the same time, we did not want the image of the health department and the ANMs to be lowered in the eyes of the public. We went to Goalpara and first decided to talk to the Joint Director of Health Services there. He was not available in the office. We then decided to meet the District Collector. Unfortunately he was also not available in his office.

We then met the Additional District Collector and explained the dispute between the ANM and the Doctor. He assured that he would take necessary steps. We then went to the district SP and narrated the whole incident to him. The SP told us that he was aware of this case and that they tried to do justice and were facing problems. He said that there were many interested candidates in favour of the doctor and barriers were being put for taking action.

The SP requested us to settle the dispute and make a compromise because this would make peace in the district. We also felt it was better to let things be if the doctor was willing to change his behavior and not behave badly with any ANM or other female in future. While we were discussing in the SP's office we received a call from the joint Director's office saying he was now available and that we should go and see him in his office. We rushed to his office because we were interested to come to an amicable agreement.

When we reached the Joint Director's office we asked him whether he was fully aware of all the facts of the dispute between the ANM and the doctor. He said that he himself had not gone to investigate but that he sent a team and that they had submitted their report to him. When we further questioned him about the investigating team talking to the victim and the witness, we realized that the team had not questioned them at all. This meant the Report itself was biased and written in favour of one party in the case.

We requested the Joint Director to call the Doctor also so that a settlement can be done in front of the Association Committee and the Joint Director. The Doctor arrived along with his wife. The Joint Director said, "See the ANMs' Association people have come to make a settlement. It is better. Will you agree?" The doctor's wife raised her voice and said not to compromise but to punish the ANM for creating a scene and spoiling the doctor's name.

We were surprised by this tone. It was 10.PM in the night by then. We had spent the whole day going from office to office discussing with the officers and talking to the ANM and witnesses. We understood that these people were not interested in settlement but wanted further trouble. It is not good when people think they can do anything, and not only go free from punishment, but further do harm to the victims.

Just then, one of the staff of the office came and told the Joint Director, "Many police and people are outside, it is noisy and not safe" Immediately the Joint director, the doctor and his wife left with this man through a backdoor leaving only us ladies inside. We did not at first understand what the noise outside was. We opened the main office door and looked outside. We were taken aback. There was a huge crowd outside with media, cameras, many public. The police were trying to control. Who sent them and why they came, was a big puzzle to us. We were here to make peace and not to create trouble. The ANM had faced enough trouble already.

The media asked us a lot of questions about the case. We answered all their questions with patience and gave all the information. Gradually, the mob, the media and the police left. By then it was midnight. We had a vehicle with us. We were six people. We thought we would return to Guwahati and got into our vehicle. We had just travelled half a km

We understood that these people were not interested in settlement but wanted further trouble.

when we got a phone call from one of our well wishers who said in an urgent tone, "Don't travel now. Stay back. There is a plan to attack you on the way. The police are also involved". But we were already in the vehicle. We did not know what to do. We then noticed two vehicles – one in front and one behind us. We knew these were meant to block us. Further, what they planned to do, we could only guess. Will they dare to kill? May be! We were all nervous.

I gave a call to the SP. He said not to worry but to stay where we were and sent escort vehicles to take us back to his office. We went to the SP's office and again met the media and reported what happened to us. We were then escorted by two police vehicles to move out of the district. They came with us till we entered into Kamrup district and from there we arrived safely in Guwahati at 4.30 AM.

This incident showed us that the officers will not save and protect us against the higher officers. We felt very bad that the joint director – he is joint director for us also, not only for the doctors. He left us in danger and went away with the doctor and his wife. How could he do this to us? Who will support the ANMs?

Later the ANM was further victimized for having courage and speaking out against the doctor. She was first transferred once and then again immediately - within two weeks - to further give her inconvenience. This was against the transfer rules. When we saw the transfer order we went to the DHS (Director of Health Services) and explained the situation and

asked for a stay of the transfer order. The DHS realized what was happening and retained the ANM where she was working in the dispensary until further orders.

The victimized ANM suffered further harassment at the hands of the doctor and the joint director. They asked her to vacate the quarter in which she was living and to move out. She informed us that they were putting pressure on her to vacate the quarter. We discussed the matter with the district committee and feeling that she was unjustly being harassed, told her to stay in the quarter and we would try to help her. The support from the Association could help her to stay back in the quarter. But we are not there every day to help her. They harassed her in every way they could think of. They disconnected electrical supply and water supply to the quarter. She lived in darkness for some days.

The ANM had a minor daughter who was a student. She feared that they would do some harm to the girl like kidnapping her. So she sent her out of Assam to a safe place to study. The girl is intelligent and is studying well. All this is a big strain for her and for all of us. It is our duty to safeguard all our members, and any ANM or LHV. We were able to fight continuously to retain her in the quarter and also to make sure she had water and electricity. We don't know when the dispute will end and when the doctor will be satisfied. He has done a lot of harm to her mentally and he is still targeting her. He has a long and strong hand and he also has the support of the joint Director. So his hand has become stronger.

This is only one story that I am able to tell now. There are many more stories of ANMs and LHSs who have been harmed, who faced injustice, who were treated unfairly. It is a big job for us as the leaders in the Association to help all those who need help.

My life as an Bihu artist

Being a leader is very stressful. But I try to maintain peace and harmony



through this stressful life with my cultural and service activities. It is always satisfying to help people. It is also very smoothening to participate in singing and folk dance. Right from my childhood I have been interested in music and dance. I learned to sing, dance and perform at an early age. I am now a known Bihu singer and dancer and organize special events in my village and community and also perform on different stages. I am also able to use my art for promoting health and wellbeing of people. It is the only time that I feel totally refreshed.

**Buluma works in East Guwahati State dispensary,
Chandmari. She is available for discussion on her mobile
number +91 9435348554**

Enymo Lotha's Story

A midwife has to be very strong

I joined service in February 1981 as ANM after going through two years course in ANM School in Naga Hospital, Kohima. I was first posted in Samador subcentre in Tunsang district. This was located in the mountains where I had to walk for long distances on foot. I did not have a house or water or electricity. I was alone and not yet married and very young, not even 20 years. I could not live there by myself. It was too risky. After a few months I requested and got posted to Bhandri subdivision hospital in Wokha district. There were no staff nurses, only ANMs managed the hospital. I was just settling down, but within a few months they again posted me to civil hospital in Wokha due to shortage of nurses in the hospital.

I worked as an ANM in Wokha hospital for three years. I worked very hard. There were very few nurses and doctors. I worked in the wards and also in the maternity section. I was then transferred to Sungro Civil Hospital in the same district. Within a few months they again brought me back to the district hospital where I worked for another two years. In 1995, I was posted to Town Centre in Dimapur and this is where I have been working for the last 20 years.

Now I feel a little more settled and am able to work with concentration because I established good relations with the public. I want to stress that it is important for an ANM to build public trust to be able to bring about change in health behavior. It is better to post us for a few years in a civil hospital when we are young so that we gain confidence in technical skills and dealing with different difficult cases, but also for us to become more self confident to deal with the situation and with the public. During first posting ANMs are too young and scared to be posted far away. Living alone is difficult for a young girl. But hospital experience in the first years of service makes us strong. Let me tell you how this helped me in my work.

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I became an expert in managing deliveries: I loved my job as an ANM in the Wokha Hospital. I became very good at helping women and talking to them. Talking to them and understanding their problems requires a lot of patience. Helping them in normal birth requires a lot of strength. But in those days I was young and strong and full of spirit. I wanted to work all the time. It gave me a lot of satisfaction to see a healthy mother and baby.

I am considered a hard working ANM. Even during my training I did 100 deliveries. I have my case record till this day. I preserved it carefully and sometimes look at the notes I wrote many years ago. My tutors were very happy with me. One of my tutors is still living. Sr. Khono is now 80 years old and retired from service as a nursing director but she still calls me sometimes. I visit her to find out how she is doing.



I used to do many deliveries in the hospital.

I am very skilled in deliveries, episiotomy, suturing and copper T insertion. I was good at breech delivery, and even twins. I think I have done more than 1000 deliveries, mostly normal. I try to make all the deliveries into normal ones. In my mind I tell myself, "If I don't try hard enough and help and encourage the woman for a normal delivery, she will have to get cesarean section. That is not good for the mother or the baby. It should be done only to save life, not as a habit.

Encouraging women for normal delivery was a challenge for me. I used to try many methods with the women. Sometimes, they would become tired and look at me helplessly. Then I used to give them something hot to drink and then massage their legs, thighs and back, use warm water and talk to them. I would tell them not to force the contraction but to allow it to

come. Using each contraction is important, we midwives must not waste the contractions. When it comes, we should encourage the woman. I pray to god while delivery is going on to give me strength and to help the woman and the baby to be safe. I think one needs to be strong to be a midwife and do delivery. Even today, when things have changed so much, I am called to help in normal deliveries at home. Sometimes they offer me some things in gratitude, usually food, I take some and give to the poor. There are so many poor people in our place.

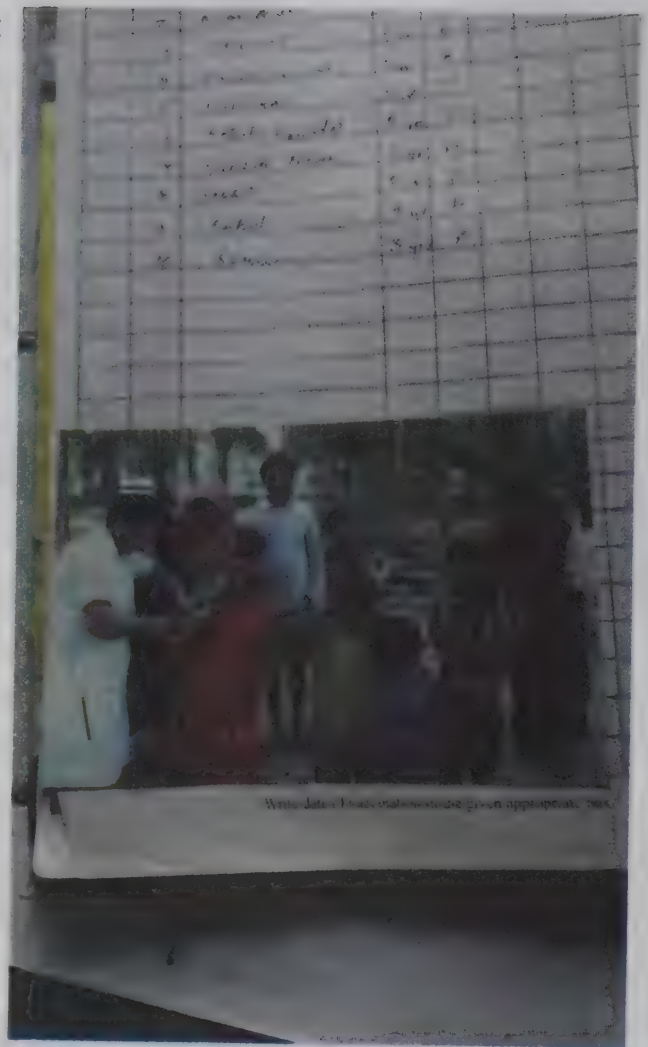
Breech delivery is difficult – whether in primi or multi. You need a lot of skill and patience in helping a baby out during breech delivery. I learned to maneuver the breech baby out, especially during delivery of shoulder. Many think this is risky. But it can be managed without any harm to the baby, if you have the skill. It is the head that may give you problems. We

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have to help the head out without harming. I learned to do that while helping several women who had breech delivery.

Today, there are so many changes in public health. Many hospitals have come up – government and private. Women are asked to go to hospitals for delivery. When they go to private hospitals, the doctors there want to make every normal delivery into cesarean. People do not like operation and they are afraid. They come to me and say, “That doctor is saying, operation is necessary. Please help me”. But now, only institutional delivery is being promoted. So what can I do? During the last trimester, I tell women, “Call me when you have pains. I will check you and tell you whether you will deliver normally or whether there are complications. You must go to hospital only when you have strong pains if you want to avoid operation”.



I am angry with today's ANMs. I think we are foolish. ANMs are forgetting their skills. They have stopped doing deliveries. I think NRHM and so many policies are coming and telling to stop home deliveries and abolish ANMs. That is why they are reducing our work. They are telling us in the meetings, “don't do deliveries at home, bring the woman to hospital” But in the hospital, who will see the woman? In some hospitals the nurses request me to help, because they are not very experienced. They say, “Sister, please come and help” Then I am happy. help. There are not enough staff nurses in the hospitals to help women during delivery. Even if they are posted, they do not have skill and experience. Delivery skill comes with experience, not just reading books.



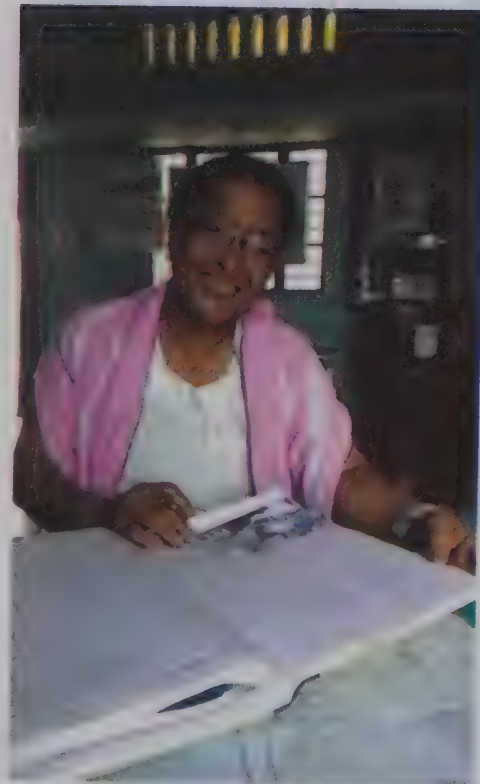
Sometimes when women go to hospital, they insist I go with them. At the labour room door they hold my hand and say, “don’t go, don’t go, stay with me, I am afraid”. It makes me very sad not to go with them into the labour room. I can help them so much, if I am inside. I don’t know why the government is wasting the skills of ANMs. I want experienced ANMs to work in hospitals so that women will get the expertise and skill of experienced ANMs.

I have a special ability to communicate with people: I think my figure and personality make the people feel comfortable. They find it easy to talk to me. As soon as I

came to work in the Town Centre, I started building rapport with the urban community. I thought, “Now the government will not shift me from here. Let me know the people well so that I can help them”. I have now become part of this community. I have 26 urban colonies with nearly 25,000 people. Many are residents, but there are many migrants also. Today they are here and tomorrow they are somewhere else.

Working in Town Centre is very difficult. The population is huge. I am alone. They posted a contractual staff nurse for the centre since the last three years. But she is a staff nurse, not an ANM. When she gets a hospital posting she will go away. Staff nurses like only hospital type work. They are not community type people. Many times they are not able to communicate and talk with friendliness. So how can I expect the young staff nurse to be close to the people? We ANMs are trained to be with people. We know how to make the people talk and how to convince them. I have young centre attendants who work as my assistants but the technical work, only I do.

My town people are very good to me. They all know me well. They call me 'sister' and they listen to me when I give them information or health education. I conduct colony-by-colony meetings for health – sometimes for adolescents, sometimes for women. I conduct different days like nutrition day, health day. I conduct routine immunization colony-by-colony.



Sometimes I visit homes to see sick people and pregnant women and comfort them. I visit postnatal women and their babies and help them in breastfeeding and baby care and nutrition. Because I am good in communication, I am a good health educator. I can talk and convince people. I can laugh and joke with them, sing and pray with them, if they need. I give my telephone number to all the people who need me. They call me for advise and also to find out when to come for immunization and if any child is having fever.

I believe my work is very important for the community. I wish my children and other ANMs' children will take up career in health field. I have one son and one daughter. Neither of them are in the health profession. I wanted my daughter to become a nurse and sent her for training. After a year of training, she discontinued. She said she did not like the work. "It is not clean work. I don't like to touch people's bodies and private parts". She went to Delhi and is now working in a Call Centre.

Enymo Lotha is ANM supervisor in Town Subcentre of Dimapur, Nagaland. She is available for further discussion on her mobile: +91 9856222019

Freeda Soy Murum's Story

Professional success amidst personal tragedies

I am now 53 years old. I was trained as a female health worker in 1986-87 in government ANM Training Centre, Chaibasa of West Singhbhum district. My first appointment in 1988 was in Godda district - very far from my home in Chaibasa.

I was already married when I joined training. Just three months before I got the appointment order, my husband suffered paralysis. We went to many hospitals, got many tests done. Till now, no one has found out how a young man like that could have developed paralysis. The doctors said that he must have been suffering from some undiagnosed and untreated problem. But they could not tell me what that could be. Anyway, when I had to join duty, I had a paralytic husband and two children – a three year old son and an infant daughter not even one month old. My parents gave me courage to go and join service, carrying the little baby with me.

I went to Godda district along with my daughter and reported in the district office. They sent me to Mahadevbathan subcentre of Mahagama

PHC (this PHC is now upgraded into a CHC). Mahagama PHC is about six kms from the subcentre. I took a house for rent in this place. I lived there on my own with my baby. I was struggling with my work, my baby, and missing my family. I used to be scared to live alone. It is not easy to be alone, especially if you are a young woman, even if you are married and have a baby.

The doctor was behind me and really harassed me every day. He tried to take me out during non working hours giving some excuse or other. He would come to my house and tell, "Let us go and visit this village. I heard there is a problem there". Another day he would tell me, "The village leader's wife is having motions. Let us go and visit them and give some medicine". I knew these were all excuses for getting me out alone.

He would come to my rented house and blow the horn. I tried to hide and requested the neighbours to tell him I was not at home. My neighbours understood my situation and were kind to me. The doctor soon realized that I was not going to bow down to his cunning tricks. Because of this he would scold me in front of everyone during the meetings. He would say, "I came to visit your area. You were not on duty". He would not listen to me when I tried to tell him where I was at that time. Even when I was in the same village, he would not listen to me and scold me. My colleagues knew his intentions and they tried to protect me many times from this bad man.

This harassment was making me anxious. I had to do more work and be on time to avoid blame and scolding from this man. I could not take care of my daughter properly though I employed a helper. I applied leave and went to my home in Chaibasa. I handed over my daughter also

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to my parents. Now they had to take care of my whole family – my growing up son, my paralyzed husband and my little daughter. She was not even one year old. I returned to my work place with a heavy heart. Those days, the travel time between my home in Chaibasa and my work place in Godda was nearly one and a half day. I could not go often to see my family. The doctor continued bothering me.

But I was too afraid to tell this to the doctor. I just waited in the subcentre till 4.00 PM. It was winter season and so it started getting dark.

Once there was a Janta Darbar in one village in my subcentre. This means all the officers and big people will also come to the village. The doctor instructed me to keep my subcentre open and stay there till he returned from the Janta Durbar. He said the officers may come to inspect my subcentre. I stayed in the subcentre though I knew that I should be in that village in the Janta Darbar because I must listen to what the people are thinking and what the officers are saying. But I was too afraid to tell this to the doctor. I just waited in the subcentre till 4.00 PM. It was winter season and so it started getting dark.

The owner of the house where I was maintaining the subcentre came and saw me waiting in the subcentre and scolded me, “How can you stay here alone, it is getting dark. After some time you will not be able to go. Will you stay here alone if the doctor does not return till 8 pm? Go home, nothing will happen. No officers will come to inspect at this time”. It was getting cold and his family gave me a shawl to cover. Though I was nervous, I closed the subcentre and left.

I was scolded badly because of this. The doctor said I had disobeyed orders. I was asked to stay in the subcentre but I had left without his permission. I could not tolerate this behavior anymore. I gave a long

application to the officer in Dumka and explained all the details.

The officer talked to the doctor on the phone and told him to stop this bad behavior. He said, "If you continue this behavior, I myself will come and take action". He encouraged me to go back and said the doctor will not bother me anymore. But I knew such behavior will not change that easily. Slowly, I got transferred from that place and came closer to my family.

Now I am working in Lupunggutu in Chaibasa CHC. I live in Chaibasa – six kms away from the subcentre. When I joined, the subcentre did not have a building. I used to live in the town and visit the subcentre regularly. There was no other government building such as anganwadi centre, panchayat building or school building in the village. The only building was a mission school. The anganwadi worker used to carry out her duties in her home. I used to carry out my health duties in the open under a large Mahua tree. (Now a building has come up but the tree has been cut).

I maintain my subcentre well and keep it clean. I do home visits, antenatal checkup, child care and all other work. I also conduct deliveries regularly. I conduct about 40 deliveries per year in my subcentre. There is a second ANM also to help me. But the government does not keep her in the subcentre all the time. They keep changing her and giving her duty in other places. This is not useful for her or for me. I do not know how long they will keep her. It is good to have a second ANM in the centre because I need a person to help, especially when there is a delivery case. You cannot say when the pregnant woman will come with pains, even though it is a woman I followed up during her pregnancy.

I have made good links with the Sahiya. I have also built good rapport with the women. When a woman starts labour pains, she first informs the Sahiya. The Sahiya accompanies her to the subcentre. At the same time she gives me a call and tells about the condition of the mother. I talk to the

mother and find out all the details. I encourage her and tell her I will be there soon. By the time she reaches the subcentre and is settled on the cot, I also reach the subcentre on my two wheeler.

Once, I was called at 5 in the morning and told that a woman was having pains. I knew she had twins because I had palpated her during her pregnancy and also asked her to go for a checkup to the hospital. But she did not go. Because she was a primi and also had twins, I had repeatedly told her to deliver in the hospital. So, when they called

The big hospitals are usually busy and they have very few staff. They cannot attend to all the women. I tried to talk to the hospital staff. Who will answer?

me early in the morning and said she is about to deliver, I was anxious. I rushed on my scooty because I knew the problem. On the way itself I was informed that one baby was born. I went faster because I knew that the second twin is a problem many times and had to be delivered safely.

When I reached the subcentre, I checked the first twin. It was a healthy male baby. But the mother was not having further contractions. Her body was relaxed. I searched for the foetal heart sounds and found that the second baby was alright. There was not much bleeding. The mother was in good health. So I called the Mamta Vaahan. I was not sure whether there was one placenta or two. When the vehicle came, I helped the driver to lift the woman and I also went inside with the baby. We went to Chaibasa government hospital and immediately admitted her. I waited with her in the labour room and observed her. She was not having contractions. The big hospitals are usually busy and they have very few staff. They cannot attend to all the women. I tried to talk to the hospital staff. Who will answer? I was anxious and stayed with her. The woman finally delivered in the evening at 6 pm. It was also a male baby. I saw that the second baby had a smaller placenta. But it was alive and healthy. The children are now

nearly two years old and healthy. I have followed their growth closely and gave them all the vaccines and other medicines when needed. They are called Ram and Lakshman.

A lot of ANMs live in Chaibasa. One of the ANMs was called for a delivery at home. The woman was from my area. But they called the other ANM because she lived closer. She went and stayed with the woman for some time and then because there was no progress, the ANM told the family, "How long can I wait, call your ANM". They sent a message for me. I went to the home as soon as possible the dilatation was only two cms. This was the third delivery. I convinced the family and took them to hospital and got her admitted. But still there was no progress. The government hospital referred her to a private hospital in Chaibasa itself because there were no arrangements for surgery in the hospital. The family was poor and I became worried. How will they meet the expenses?

But it was the government hospital that referred her to private hospital! Things are out of the hands of the government health workers when the case goes to private hospital. What can we do? I requested the private hospital for doing the surgery at low cost. The private doctors scolded me and said, "Why are you talking about money when the woman has to be saved". The family members also blamed me and said, "We have wasted time going to the government hospital. This nurse didi took us there first unnecessarily." The two men who accompanied the woman to the hospital left the hospital as soon as she was admitted.

I was alone with the woman. How could I leave her, when there was no other person with her, that too in a private hospital? The women trust us. They have no one else. The family members did not come back for a long time. The doctor was angry with me, "Who will pay the advance and who will sign the consent form?" I requested the doctor and said, "These are daily wage labourers, they will pay slowly, please take her for surgery" Finally, the doctor agreed on my word for reducing the money but he still

needed the family for signing the consent form. There was no one else with the woman.

I went searching for the men. I first went to their house. It was locked. I found them at the “hadiya dukan” the rice beer shop where I knew I would find them. This is called the ABCD – aadi baasi cold drink”. They were drunk. I scolded them and said, “Why did you leave her alone and come here to drink at this critical time? Come now, you have to sign the paper for the operation.” They said they were hungry and so they had to drink something before eating. I knew there was no point in talking to them at this time. I hurried with them to the hospital and got the form signed.

So many times, we have to deal with drunken men and unfriendly family members. For the women, there is no one else who can understand them and help them, except the ANM.

She was operated. A male stillborn baby was delivered. It was not a pleasant time, I stayed only for the sake of the woman. I was waiting for her when she was brought out of the theatre. She had convulsions but she was treated and survived. I had to explain to the family and mother that the delay in surgery had resulted in danger to baby. I told them to be happy that at least the mother was alive to take care of the two living children.

There are so many painful experiences that we go through as ANMs, supporting the women, talking with the family and convincing the doctors. So many times, we have to deal with drunken men and unfriendly family members. For the women, there is no one else who can understand them and help them, except the ANM. So, whenever, I see a woman in trouble, I try to help her.

Referral from government hospital to private hospital is not good. It

makes us lose face because it shows we have no capacity to take care of women. Government hospital must have facilities for operations. If not, where will poor people go? The still birth could have been live birth if the operation was done in the government hospital. Due to going to private hospital there was money delay, men delay, so many problems.

Finally after my whole day spent for her, I have to enter still birth in my register. She has to return home empty handed and face the anger of the family and the bad looks of neighbors.

Referral from government hospital to private hospital is not good. It makes us lose face because it shows we have no capacity to take care of women.

Freedra Soy Murum works in Lupunggutu subcenter in Chaibasa, West Singhum district of Jharkhand. She is available on her mobile +91 9386264205

Hemjyothi Sonowal's Story

Who can understand the ways of the Government?

I joined as an ANM in February 1990 at Mizika Health Subcentre in Sonitpur district. I tried to do my work well and gained the appreciation of all my people and officers. In November of the same year I was transferred to Raichapori health subcentre in my home district - Dhemaji. The subcentre had mixed population.

At the time of my first joining, the condition of the road from Dhemaji to Raichapori was very poor and so it was very difficult to travel even though the distance was only 15 kms. I had to ride my bicycle for about 8 kms and then walk the rest of the 7 kms. Every trip to the subcentre was a very difficult trial for me. But what else could I do? I had to travel to provide health services to the people. It was my duty.

The condition of the subcentre was also very bad. The subcentre was only a small hut made with wood, bamboo and thatch. It was about to crumble down. The floor was muddy and wet. Every time I visited the subcentre, I had to clean the floor and sweep away the earth worms and mole crickets from the floor and walls.

Every time I visited the subcentre, I had to clean the floor and sweep away the earth worms and mole crickets from the floor and walls.

When I did not have a proper subcentre, I would sometimes conduct clinics in the school or any available place. The school was the best place because all the children could come, there was adequate space and there was a good floor. One day, when I was conducting my vaccination programme in the school premises and a huge gathering was present, the school teachers came and said to vacate the premises because they were going to have the teachers' association meeting. This was

very difficult for me. Yes, they must have their meeting. But where will the mothers and children go? How can I pack up all the material and go and set up in another place?

That day, I tackled the situation smoothly and completed my work before moving out by appealing to the teachers. I decided then that I will struggle to have a building for the subcentre in my village. After several visits by the superior officers and my constant struggle, and the cooperation of the local people, there was success. Construction of the permanent building to establish a health centre at Raichapori was completed on 27th November, 1999. The people of the village were very happy.

Now the subcentre has a building and is running smoothly. The staff has also increased and now there are two ANMs. The health team is good and works hard for providing quality health services. At the same time, the area also developed with good roads, educational and other establishments. Work was very difficult for me in the beginning. But I slowly gained the respect of the people due to my hard work. All the people – young or old – started calling me 'Baideo'. I have been able to conduct many camps and clinics for the people. My subcentre became one of the best in the area. Many officers and teams came to visit. I have been given awards also for maintaining my subcentre and doing my duty well.

On the 64th Independence Day, I was given an award by the Deputy Commissioner of Dhemaji, on behalf of the District Health Mission, for my good performance. There was another moment of recognition and glory for me on 10th December 2010. A big medical team came to visit under the guidance of the honorable director from Delhi and the DME. They all came as a great convoy to visit Raichapori Health Subcentre. Very discreetly, they inspected all the registers and saw the facilities. Seeing the big team, a large group of villagers came and stood around in great enthusiasm, and admiration for me because I was doing a good job, and important people were coming to the village because of me.

Another Team called CRM Team also came to visit my subcentre on 18th December of the same year. Then again on 31st January, 2011, a group of officers and staff from Jhargam PHC of Morigaon visited my subcentre. All these visits add to the prestige of my subcentre and helped me to work better. The people also started to have high regard for the subcentre and visited it more not only for health problems but also many other discussions.

I also want to share some difficulties of the ANMs. We do not have anyone to help us - especially in difficult areas. In the beginning I had an assistant attached with me at the subcentre. Her name was Junali Mili. She was a great help in maintaining the subcentre and looking after the premises. Unfortunately for me, the Government discharged her from service. This meant I had to do cleaning also, besides my technical and writing work. They made us multipurpose workers, and make us do all the work – even the cleaning.

I have been thinking all the time, why did the government remove the assistant from the subcentre? Do they think that working in the subcentre in remote area for the

Every time I visited the subcentre, I had to clean the floor and sweep away the earth worms and mole crickets from the floor and walls.

poor people is not so important compared to the working in the hospital? In the hospital, they have cleaning staff and many others to assist the doctors and nurses. What wrong did we do that the government thinks we do not need any assistance. Subcentre also must be kept clean and look nice, is it not? If subcentre is looking good people will also think more about cleanliness and healthy ways.

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Then they discontinued the dai. The dais were a great help to us ANMs. They knew about technical matters of pregnancy and childbirth and they would also help in the subcentre. In many places they would help in keeping it clean, sometimes they would stay with the ANM if she was alone. For them our work and their work was the same. When young ANMs are posted to remote villages, dais see them as their daughters or grand-daughters, many times they teach also. Now they have removed the dais and they have introduced the ASHAs. ASHA is helpful but not the same as dai. But the government must be having other ideas. Who can understand them, who are incharge at the top?

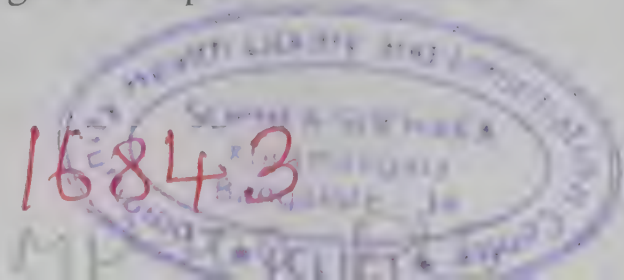
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Irudayamary's Story

Saving women: Struggle, success and failure

I was working in a village in Vellore Health District. One day in 2005, one woman from the village came to me when I was alone. She seemed to be careful that others will not see her. She came inside and very softly, like it was a secret or that she was afraid to say it, told me, "Sister, it is ten years since my marriage. Till now I don't have any child. My family members are ignoring me and they don't count me now in the family. Even though I am good with the people and do much of the work in the home, they don't see me as equal. I am in big depression. I don't want to live this type of life anymore. I am thinking of committing suicide"

I quickly realized how serious the problem was. That is why she did not come when other women were here. She did not belong with the antenatal and postnatal women who were either pregnant or happily feeding their babies. Sometimes, women can be very hurtful to other women and can use bad words, just because they do not have children. Sometimes they may even think she is a bad person and can give evil spell to their babies –



whether they are inside the womb or feeding at the breast.

Infertile woman is neglected by family and insulted by outsiders. To whom will she go? She can talk only to the ANM. At that time I did not know her family well. We ANMs cannot cope up even with our own work – antenatal and postnatal care, immunization, survey, reports. We lose those who are not pregnant and don't have children.

I left my work aside and asked her to sit and we started talking. She told me about her intense desire to get pregnant and have a child but there must be a curse on her, she was not able. I asked her quietly about her relationship with her husband. I told her about menstrual cycle and when is the best time for pregnancy. I spoke also about sexual relationship and let her talk about the problem. Then I asked about her husband and what type of man he was and whether I should talk to him alone or also with her. After some discussions, I had a session with both of them. We discussed very openly about sexual matters. He was also a nice man and felt bad for his wife being ignored by his family and listened to me carefully.

The result was she was pregnant within the year. But she had swelling of both legs. It was a clear case of PET because she was primi at an older age and high risk case. They were very worried and went to many private doctors. As the time of delivery was coming near, I followed up very carefully and gave advise at every stage. When she started pains, they gave me a call and I went and took them to the medical college hospital in Vellore. They did a cesarean section. I cannot describe how happy she was that day. Seeing her I also was happy. Later she had another child. Now this woman who had been so

I told her about menstrual cycle and when pregnancy is the best time for pregnancy. I spoke also about sexual relationship and let her talk about the problem.

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very happy

depressed and wanted to commit suicide is the mother of two children and very happy. They think I am god for their family and call me for all the events.

Though I have helped many women during antenatal period and also helped for safe delivery in complications, it gave me great pleasure, that my presence helped this woman to gain respect in the family.

But many times we are not successful. All our struggle may not save women and that incident remains in our heart all the time. That is my experience with Maheshwari wife of Shankar. She was pregnant after a five year interval. She was older in age and so there were many problems. She had PIH (pregnancy induced hypertension). For every pregnant woman, I do health checkup on a monthly basis. But for her I did two times every month. I also took her to hospital for further checkup and treatment.

Unfortunately, I myself had to go on medical leave when she was in the third trimester, I gave her a lot of advice before going on leave. But because I was not available she went to her maternal home for the delivery for good care and services. Had I been on duty she would have stayed in the same village because they had trust on me. When she went into labour, she had problems and so they shifted her to hospital. Surgery was done but it was not successful and she died.

When I returned from my medical leave and went to her house, the people in the street cried seeing me. I was not able to console the family. They told me, "Till the end she was asking for you. She said, 'call my sister, she will save me, she will do something to save me' had you been with her in the hospital, she would have lived." They kept crying. The

sorrow of the family could not be controlled. What could I do? I also started crying.

They did not blame me. But in some corner of my heart, I was thinking, perhaps, if I was with her and guided her well or took her for all the checkups till

The losses are very hard to bear and are never forgotten.

Irudayamary works as a VHN in Vannivedu subcentre, Nowlock PHC of Vellore Health District. She is available for further discussions on +91 9445138588

Kumari Indira's Story

Saving women's lives, when others mishandle

I was trained as a health worker in 1984-86. Because Indira Gandhi was assassinated and there was a lot of trouble, our training was delayed by nearly six months. But I got a job almost immediately after training and joined government service in 1987. My first posting was in Tokad health subcentre of Bandgaon block in West Singhbhum district. I worked here for five years. There was no building here, but they said that it was going to be built. I used to stay in Bandgaon because it was only two kms away from Tokad subcentre. Those days, most deliveries happened at home. I used to do deliveries and help women. Here I want to share two unusual experiences related to uterine infection in woman during delivery.

There was also one LHV living in my subcentre area because this was her in-law's village. Because of this, many families in my subcentre used to call her for delivery. One day, she was called for delivery for a woman belonging to my subcentre area. I did not know she had done the delivery. She informed me the next day and said to go and visit the postnatal woman and baby. She was a senior and also local person and so I did not say anything. But I was hurt that I was not even informed by her or the

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family.

When I went and spoke to the woman she said that she was having a lot of pain near the perineum. I examined her after taking some warm water and cleaning the vagina and perineum. I felt some movement on my fingers while cleaning deep inside the vagina and when I removed the swab I saw several maggots. I was puzzled. This was only the second day after delivery. How can postnatal sepsis develop so soon? So

this condition must have been present for sometime before delivery, I thought. This could be due to use of rags or not cleaning the perineum well, or maybe she had some infection. Fortunately the baby was a healthy boy. I told them about the infection and showed them the maggots. The family was stunned to see the maggots.

Having maggots in a living human being is considered very bad. The family can be socially outcast. I told them that this can be easily treated in a hospital if we take her there immediately. I sent her to hospital in Kuhti for treatment. After five days, they came back home. The woman was healthy. They had a large religious ritual and fed a lot of people to remove the bad effect of the maggots.

My second unusual experience was in Goilkera Block while working in Arahasa subcentre in the same district. I worked here for nearly 20 years. This is a jungle area. I had to work in seven villages. The subcentre building was being used as a store. It was a struggle to get it back. Around the same time, the number of unqualified practitioners was increasing. Many quacks also started doing deliveries. They would give injections to strengthen contractions and make the delivery faster. They are not trained in midwifery. They don't know about mechanism of labour. Besides, they are men. How can they understand women's concerns and bodies as well as ANMs who are technically trained and are also women, themselves. The

cultural practices do not allow men to go close to the woman and touch her to find out her problems. So they try to show their knowledge by giving injections and making fast deliveries. They do not examine properly during pregnancy, they do not assess her contractions or do pv. They do not follow up the woman after delivery. The case I am now explaining is due to this bad practice.

There was a church in the village and so they went and prayed and made vows. Still the placenta did not come out.

One of the villages in my subcentre was chinibari. This village was located at one end of my subcentre and was also very difficult to reach. Whenever, I had to go to visit Chinibari, I had to plan well because I would be totally cut off. I used to visit this village only twice or thrice a month because it was so difficult. The women and sick people did not have access to a health provider. If they were very sick, they would come to the CHC for medicines. But all of them knew where I lived. I used to tell all pregnant women's families to send messages to me as soon as labour pain started.

One woman in this village was in labour and the private practitioner was called. Why they did not call me, I cannot tell. He gave injections (for increasing contractions) and she delivered a male baby who was healthy. After this the practitioner left even though the placenta had not yet come out. The placenta did not come till evening. The family was worried. The baby was attached to the placenta. Whenever the baby cried, the mother would take the baby and feed him by bending over. The family members went to the private practitioner and said, "It is still inside. Please come and give injection to remove it. It may cause poison for the mother, and also the baby because the baby is drinking milk from the mother". He told them not to worry and that the placenta will come out gradually. The day passed. The family was becoming more worried. They did not know what to do. There was a church in the village and so they went and prayed and made vows. Still the placenta did not come out.

Two days more passed. Now there was a bad smell from the woman. No one could go near her. The private practitioner refused to come and see the woman. He said that the mother and baby were healthy after his injections and there was nothing he could do. The anganwadi worker of the village scolded the family and said that they should send a message to me. She told the family, "You should have sent a messenger for the sister as soon as she started having pains. But you called this

The baby was attached to the placenta. Whenever the baby cried, the mother would take the baby and feed him by bending over.

man. See what has happened. You may lose mother and baby also". I had told them this. But they had called the quack who did not know the harmful nature of the injections. So the family now hesitated to call me. They knew they had done wrong by not informing me in the beginning. But now the situation was very bad. They had to contact me. They delayed one more day because it was getting dark.

On the sixth day, they brought the woman to my house on a rope cot. She smelled very badly. My whole house was filled with the bad smell. She was extremely weak. Luckily, there was nothing wrong with the baby. The baby was still attached to the dried up cord. He was getting feeding regularly. I told myself, 'Both are alive and healthy, nothing can be very bad, then.'

The first thing I did, while talking to the woman to find out details, was to take a new blade and cut the cord, separating the baby and handing it over to the relatives. It was like cutting a string, it was dry and hard.

Then I took warm water, savlon and a lot of cotton and gauze. I wore gloves and put my hand deep into the uterus and took out all the contents. A lot of black semi liquid mass came out, it was soft, slimy and smelling. There was nothing like a placenta inside, only liquid material. I took a long time to get the whole thing out. I used warm water and cleaned up the uterus. I then took some betadine and put it into warm water and cleaned three times. I had to wash the uterus like washing a house. After I

was sure that everything came out, I applied some more fresh betadine, removed the gloves and I washed my hands. I knew this was a huge strain on the woman. I went into my kitchen and heated a big glass of milk. I put a lot of horlicks that was in my house into it and gave it to her. I said, "Drink it fast so that you sweat. You are in a bad condition, the clean blood has to go into your uterus to heal it".

I kept her in my house for two days. Where else could I send her? I gave

I used warm water and cleaned up the uterus. I then took some betadine and put it into warm water and cleaned three times. I had to wash the uterus like washing a house.

her oxytocin and antibiotics. What else can I do, whom will I consult at that time?. There was no doctor around. I had to clean my house several times because the smell was all over and would not go for many days. Even after she became better and left, I could feel the smell. I could not eat food properly thinking of the slimy black substance that flowed out of her uterus.

But I felt good that I was able to help a woman. She would have died of infection, had they not brought her to me. She came to my house lying on a rope cot attached to her baby. She went away walking, holding her baby happily in her arms.

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Lila Ghosh's Story

ANMs deal with complicated cases too!

Bijali Keora is a poor widow. She was 50 years old and diabetic. She was suffering with severe pain in the right side of the back for more than two years. She also had nausea and vomiting. She had wandered here and there in the hope of a cure. She went to quacks who took some money from her and gave her some medicine that did not cure her illness. Many times she went to the goddess – Kali and Durga and Mansa. None of them could cure her from her troubles. Sometimes, she would even come to our subcentre but when we told her what to do and that she has to go to hospital and get admitted for her disease, she turned away, knowing that it would be costly. She was poor and helpless. From where would she get the money for treatment and for surgery?

We tried to get some financial benefit for her by writing repeated letters to the block office but we were not successful. We wanted to help her because there was no one else to help her. Her condition was becoming worse day by day. When she came to me one day with a lot of pain and no one to help, I communicated the matter to our BPHN. She instructed me to first

take the surgical opinion from the block hospital to assess her condition and then we can see how to help her. Following this I visited the family and told them that they should go to the Block Hospital and this may give her permanent relief. Her daughter went with her. I took her to the medical officer who assessed her and gave primary treatment and suggested that we consult a surgeon.

Our BPHN met the surgeon and discussed the case with him. She got all the investigations done according to the suggestion of the surgeon and discussed further details with him. The surgeon made the conclusion that she was suffering with nephrolithiasis on the right side and needed surgical intervention at the medical college hospital. We also knew that she was a case of situs invertus and this further added a complication to her case as the surgery had to be done carefully. I also learnt a lot more about the human anatomy because of Bijali. Earlier, I thought only that some people would be left handed and all their actions would be reversed compared to normal people. Now I learned that body parts also could be reversed. Sometimes the stomach or the heart can be on the right side instead of the left! All these were amazing details to study.

The patient was accompanied by her daughter and went several times to the district hospital where our BPHN helped them for all the preparations. Finally the date of surgery came and we were all anxious for Bijali. Everything went successfully and she was cured of her problems. She became relieved both physically and mentally and started living a happier life. I followed her up regularly under the guidance of the BPHN.

Most of her expenses for the tests and travel were borne by our BPHN as she is a very poor woman (nearly Rs. 5000). We were also successful in getting a donation of Rs. 1000 from the Panchayat Samithi and another Rs 500 from the Gram Panchayat.

Finally the date of surgery came and we were all anxious for Bijali.

With this case, I realized how much we health workers can help poor people. But it requires us to work in a continuous manner without rest. With all this experience, Bijali has now become one of our link persons in the subcentre and is doing a good job. She was technically trained and knew public health also. It was her mediation that helped Bijali the most.

**Lila Ghosh works as an ANM in Bankadaha
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Madhurbala Gupta's Story

Deprived again and again!

I first filled an application form for joining staff nurse training. A clerk in the office took money from me and said that I was getting the seat. I believed him and gave the money. Later he asked me for more money. He took Rs. 5000 in total. I could not give more money. The time was over and my name was not in the list.

In desperation, I went and complained to the Director. Then I was given a form and asked to fill it. The Director made a telephone call to the CMOH of my district. He asked him to take me for ANM training, because I had been cheated by somebody. My husband was called and informed. I and my husband decided to accept the training because we had already spent money to get a seat and we needed to earn a living. I had two little sons. I do not know if any action was taken against the clerk who cheated me.

Though I completed training in 1990 July. I got a job only 17 years later in 2006 and will retire in 2019. I was waiting all these years for a job – I spent all my time waiting for a job – hoping I will get appointment this

year, next month, next year. Now I will not get pension also since I joined in 2006 and there is a policy that those appointed after 2004 will not get pension.

Not getting a job in time after training created a crisis in my life. I was trained in a government training centre – Aligunj Training Centre. I want to ask why I did not get a job. We were 100 girls in my batch. None of us got a job. I was part of the last batch before they closed the school. Three batches did not get a job – 280 trained ANMs. All of us suffered without a job.

I was asked to sign a bond that I will serve the government for two years. So we cannot take up a job.

I became mentally disturbed because of not getting a job. Why was recruitment stopped in 1990? ANM training is meant to be giving job. I was asked to sign a bond that I will serve the government for two years. So we cannot take up a job. If we do not join, we are asked to pay back the stipend with 6% interest.

While waiting for a government job I worked in nursing homes for nine years for a small amount of money. Even today ANMs in nursing homes are paid only two or three thousand. It was difficult to earn a living in Hardoi as I was a daughter in law of the place. I had to move away from my home town to do any small job.

So I used to travel from Hardoi to Lucknow in Delhi Mail to find work. I started to work in front of the High Court near a Lawyer and write application forms and earn Rs. 50 per form. Sometimes I used to get three or four, sometimes only one form to write. I had three children to take care. My husband worked as a railway contractor but was earning very little.

What other work could I do? I was a trained ANM. But I was not given a job. I knew it would not be easy for me to work as a maid. I thought I should use my education and skill. I started doing some home nursing – attending patients at home. I did night duty and took care of a woman with paralysis. During the day I used to work in the nursing home. Even

Why does the government want to permit private training centres with bad quality training and poor job prospects?

with all these jobs, I could not take care my children properly. One of my sons died when he had diarrhea. I blame my poverty for this death.

Now there are many private ANM schools. Where will they get jobs. They are working on contract with the government. They are not given good training. Why does the government want to permit private training centres with bad quality training and poor job prospects

feel very sad when I think of the young girls who have so many dreams for their future. They should not be cheated like we - no career, no passion, no security.

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Meena Kumari Baishya's Story

No Pan Card?

No Bank Account? No benefits!

The livelihood of the people living in the hills is difficult. There is no transport into the hills. The area is only 16 km away from the road, but it is difficult to reach. People try to maintain their family by doing small businesses. Even for this they have to walk for many kms without rest to reach the plains where people with money live. Here they sell some articles and food for very little money.

When I went to Garbhanga for the first time I saw that the people living in that forest were very backward. Till then I had not seen such backward people in my life. They were behind in everything. They lacked education, they were not in good health, their food was very poor type. They did not have electricity or phone or TV. They did not have anywhere to go. When they had to go to any place, they could go only by walk.

They lived all the time under the influence of faith and had many strange beliefs. They practiced many faith healing methods even for simple problems. Sometimes, these practices were harmful and made the disease worse. But what can they do? When there is sickness, they have to do something, no?

There was no health centre and no ANM or doctor, and the hospital was far away. They used the faith method because they had no knowledge and access to hospital. If they became very seriously sick, and faith did not help even after trying different rituals, only then they would decide to go to the hospital. But they had to walk 16 kms even to reach the road. They had to carry the sick person or the pregnant woman on the shoulder.

We try to tell them about preventing anemia by taking proper food. But what can they do, they can eat only what they have...

Establishing the subcentre in Garbhanga has been very helpful for the people though it is very difficult for the staff. Since it is dangerous to go alone, we go in a team of three people when we have to visit the subcentre. During the winter season we make three to four visits to the area, but it is very difficult to go during the rainy season. Whenever we go to the subcentre area, we stay for four to five days there only because we cannot make many trips.

The people wait for our visit. They come and tell us many problems and take advice. For many illness we do not have medicines. Sometimes I feel sad. I cannot give more treatment. If doctor was also part of the team it would be good. But how doctors will travel to this place? When we reach there, we try to give all the services within our ability – vaccinate children against all the dreadful diseases, check up the pregnant women and give them TT and iron and folic acid tablets, tell them about danger signs, do health education in the community about hygiene and nutrition, tell them danger of using only faith medicine, advise them about use of copper T, sterilization and use of condom. We try to tell them about preventing anemia by taking proper food. But what can they do, they can eat only what they have. So we try to tell them about the nutrition in what they eat. It is a difficult job for us, because we know their condition and cannot help them.

I am unhappy because the people still do not get benefit from the government schemes like Majoni and Mamoni. Why? Simply because they do not have Pan Card or Bank Account for the ladies. How they can have Pan Card and Bank Account for women, when they do not have I08 even

for serious cases? Even today, they have to carry the delivery woman on the shoulder walking all the way down the hill. While they are carrying the woman on the shoulder and bringing her down, sometimes, she delivers on the way, sometimes she loses the baby also. She also becomes very weak by the time she reaches the road.

If no one will help them, how can they be more healthy? This I cannot understand.

Why the government wants pan card for the woman in the forest? Till today, electricity has not come in Garbhanga subcentre. Even today there is no development for my people. If no one will help them, how can they be more healthy, this I cannot understand. I do not know when they will get all the facilities like the people in the plains. Something must be done to help them. Going sometimes to visit in the forest is alright but it is not helping much. I can only try and do my job well. I am determined I will do my best to serve the people of Garbhanga, in my way.

Mina Kumari Bhaishya works in Garbhanga subcentre of Azara PHC, Kamrup district. She is available for further details about the hard life of the tribal people living in the hills and their health status. She can be contacted at +91 8721015456

Morial Riahtam's Story

The first step is always difficult!

I am now a supervisor. I guide six ANMs (three regular and three contractual) in subcentres under Umsning CHC. The three subcentres together cover 22 villages. I like my work and struggled hard to become a supervisor. After completing training, I joined service as an ANM on first February, 1986 and was posted to a PHC. Within two years I was transferred to work in a big maternity hospital (Ganeshdas Hospital) in Shillong.

I was mostly posted to work in maternity units – labour room and baby room. I loved my work with women and babies. I helped more than 1000 women during delivery. I could do even difficult cases such as breech in primi. I gained a lot of skill and good name. Because I liked my work I did everything with enthusiasm without anyone telling me.

The labour room had staff nurses also. They looked down on me even though I was more skilled. I knew I was an ANM and below in education compared to staff nurse. Most of the time I tolerated and kept quiet even when they insulted me. Many times I was upset, and sometimes I cried when they said anything very hurtful.

One day, it was a very busy morning in the Unit. I had come on duty and looked at the routine work to be done. There were many newly admitted women and blood tests were written. There were less staff nurses on duty that day. I collected the blood samples and labeled the bottles and kept them ready. I was used to doing all this work. When it came to work, they always made sure I did the most. I never

"You have no authority to draw blood. You are only an ANM. Why did you do"

minded, thinking I am helping and I liked doing it. But that day, the sister in-charge was very angry because I did all the work and also drew the blood. Pointing at the blood sample bottles, she shouted, "Who did this?" I thought I must have done some labeling or sampling wrong and said mildly, "I did sister". She became angrier and said, "You have no authority to draw blood. You are only an ANM. Why did you do"? This incident really shattered me. I asked myself, what is my work, where is my place of work?

I was doing all the work in the ward just like other staff nurses. I thought this is also my duty. I did not wait for anyone to tell me, "do this, do that". I was doing complicated cases, even putting IV for sick newborn babies, stitching episiotomy, everything. Why I cannot draw blood, I did not understand. I was so upset and hurt by her loud words that I wanted to run out of the hospital. That day I decided, however skilled I am they are looking down upon me. Let me go and work in the field only. Women and babies need me there also. I can do good work like other ANMs. I did not want to work in this situation where the staff nurses looked down on me.

By then I had completed 13 years service as an ANM. I was an experienced midwife. I was very confident. I wanted to study further and improve myself. I knew that the only next level for an ANM was Health Supervisor. This training had been discontinued for many years in Meghalaya. But I was determined I would improve myself and move forward. I looked at the Nursing Journal of India and got the address of Lady Reading Health School in Delhi where they admitted ANMs from all over India to Health Supervisor Training. I wrote to the Principal and said I wanted to study and sent copies of my training certificates and

experience in different places. They wrote back saying I was eligible and sent me an application form. I applied and requested the Matron of the Hospital to forward my application. She kept it aside and discouraged me. Time was running out and so I went to the Medical Superintendent and again requested to forward my application. Though he forwarded the application, it was again kept aside in the DHS office. I tried to find out the progress several times, but they brushed me aside.

We had to go to many offices back and forth because they had kept my file aside.

It was nearly time for the joining the training and still there was no response from the DHS office. I was very anxious. I asked my husband to go along with me and went to the DHS. We had to go to many offices back and forth because they had kept my file aside. We traced it and then we ourselves took the form and literally ran to the different offices for signature. It was time for the course to start. But I could not go without permission from the department.

I wrote to the Principal of the Lady Reading Health School to give me some more time to join the course. Finally, I got permission and joined the training one week late. My struggle helped. Since then, Meghalaya government is sending senior ANMs for Supervisor Training to Delhi every year.

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Mousumi Hansda's Story

Motor cycle is must for ANMs!

I work in a jungle area where there are many trees and streams making it difficult for me to travel. My subcentre has 18 villages. I have to walk for long distances through threatening situation with elephants roaming freely. But do our officers think about this, how one lady will go crossing the forest? No they do not consider these things because they are all very busy. I do not know why there is no such a thing as vehicle for travelling inside the difficult forest area, especially for female health workers. The vehicles, they are not for us. We have to somehow reach there and give all the vaccination and do the tests and check up the pregnant women.

I thought, this is not good for me. I am a woman and have to do all this dangerous work, walking in the jungle. I cannot walk in the forest for so many kms to visit 18 villages. Anything may happen to me. I started to learn the motor cycle. So, what is there so big in this motor cycle, I thought. I practiced and practiced. It was difficult in the beginning but soon I became very good after practice. Then I encouraged all the other staff also to practice riding on the motor cycle.

Once I started travelling on my own, I realized I could help people more. Most of my people are downtrodden – SC and tribal populations. I

learned the tribal languages and could communicate with them very well. So people are very happy with my services. Though most of my services are related to antenatal care and immunization, I also take care of many women's problems and counsel the women about hygiene and care to prevent sexually transmitted illnesses.

During one of my antenatal clinics I was aware that a pregnant woman was having STI/RTI. I did intense history taking. I came to know from her that her husband is a migrant labourer who comes home at times and goes back to work in another place. I referred her to the ICTC in the district hospital for detailed check up. She was tested and the tests revealed that she was in stage I HIV infection. She was further referred to the Medical College Hospital in Burdwan for ART. The husband was also tested and found to be positive and included for ART.

The young pregnant mother received all the antenatal care and also special care from me throughout her pregnancy. I tried to help her and encourage her so that she will take good nutrition and regular treatment. She was admitted to hospital for delivery. In May 2015 she delivered a male baby. Her troubles were not over. The baby was having neonatal asphyxia and had to be referred to Bankura NICU. The baby was treated and they returned home to her mother's house. She communicates with me regularly and tells me about her health and her baby's welfare. It gives me a lot of happiness that I have helped this family and many other families to be healthy.

The ANM was the target for all – public, leaders, male workers, health inspectors, doctors, officers, everyone.

Mousumi Hansda is working as an ANM in Belsulia subcentre of Radhanagar Block PHC in West Bengal. She is available on mobile at +91 9593511908

Neilakou's Story

Enough! Now I will take my life in my hands!

I underwent training in 1981-82. At that time it was called ANM training and it was for two years. I joined service on 22nd October, 1983. I had to wait for more than a year to get the appointment letter. Those were troubled days in Assam. While waiting for appointment, I got married. My husband worked in Nagaland State Transport Department as Booking Assistant. This is the story of my struggle to hold my life together and make something out of it. You see, I had seven transfers and four children in 15 years! I was posted in one place, my husband was in one place and my children were in another place. What kind of life is that for a young woman?

I was first posted to Civil Hospital VK but worked here only for one month. I was very young (22 years) and very enthusiastic. I did all the work assigned to me with eagerness. I assisted the doctor in all the procedures. I did dressings, sutures, first-aid. I was available whenever patients came for help - all the time. The doctor used to appreciate my

work. The staff nurse was jealous. I moved out of this PHC. My second posting was in PHC Botsa. I worked here for one year. My first child – daughter – was born here. It was difficult for me as I was alone. But I was still very interested in my work and struggled to do well.

My third posting was in the Civil Hospital, Chiephovozou. This was my own district and it was a familiar place. The team initially was one doctor, two staff nurses, one ANM and one dai. Later two more ANMs were posted. I was posted mostly in the labour room and did many deliveries including difficult deliveries, episiotomy, suturing, etc. I had three more children while working here. My parents were a great help in taking care of the children. But the government will not keep anyone in the same post for long time. I had been in the Civil Hospital for six years now. So, I was transferred.

Fourth posting was to a subcentre in the same district. I thought, it will be good to work in a subcentre. Now that I have a lot of experience in the civil hospital, I will be more useful to people. But when I went to join in the subcentre, I found that the villagers wanted their previous ANM to be retained. They did not agree to her transfer as she was very good to them. They went to all the officers and protested and they got her back within a month. Though it was difficult for me, I was impressed with the way the villagers were asking for the ANM. It proved that if you work for the people, they will always appreciate you. The people were successful and so I was again transferred out. It was not easy for me to move in and out, but I realized how the people are with the ANM and that is important.

But when I went to join in the subcentre, I found that the villagers wanted their previous ANM to be retained. They did not agree to her transfer as she was very good to them.

Fifth posting was to a subcentre in Shunhevoto district far away from my home. Added to this, the subcentre I was posted to - Khukshe - was far away from the district. There was no house to stay. By then I had four children. My youngest child - a daughter- was not even one year old. My husband was not with me. He was posted in Mon district. In my previous posting, my parents were there to support me. Here I had no one. It was a very difficult time. How was I to manage care of four children, do household work and do good work in the community? How can I make village visits with four small children? But I thought, why should my personal problems interfere with my work? So, I decided to leave the children in Kohima where I had my own house. I appointed a maid and left my children with her. It was very very difficult to leave my four children and move 150 kms away. Those days were not like now. There were no mobile phones. I could not even go to visit them on weekends.

Gradually my work also suffered. I applied repeatedly for a transfer because my children were in Kohima, my husband was in Kon and I was in Shunhevoto.

I had three villages. The dai of the village was very helpful and assisted me in most of the field work. I tried to do my work, but half my mind was with my children. Gradually my work also suffered. I applied repeatedly for a transfer because my children were in Kohima, my husband was in Kon and I was in Shunhevoto. I was on leave without pay for nearly two years as children needed me. One or the other would fall sick or get injured or would be crying for me. Sometimes my husband would take leave and be with them. But it is not the same. Finally I was transferred to Kohima in 1996.

Sixth posting was in a subcentre - Bayavii - in Kohima. At last, I could

live with my family, take care of children and work in peace because I know I can go back home in the night and see them. By then my oldest daughter was 12 years and the youngest was four years old. Work was also not so difficult as it was a city and people were more aware. Many developments had taken place by this time. There were many clinics and hospitals. This meant I could not do many deliveries. My focus here was on immunization, home visits for antenatal and postnatal care, and survey for health and census. I liked my work and attended several home deliveries also, whenever they called me. I also focused on school health.

But there cannot be peace in government service for ANMs. By the time we become familiar in one place, they transfer us out. This time it was due to the request of a senior ANM. Till now, I had been working in maternal and child health in field. I was used to field work. But now I was posted to TB hospital. This work was totally different – it was nursing care of patients. How can I do this? Maternal and child health I am confident. Health education and community work, I can manage well. But this job was not what I was trained in. I wanted to go back to the field or hospital or any place.

Again, my fate threw me to live alone. I had been staying away from my husband also for so many years now. Even when I had been posted to Kohima, my husband was not with me, he was posted in another place. I had completed 15 years service, just travelling around, sometimes with my four children, struggling to take care of them and do my work. Now, it is time to do something I told myself. I thought well and decided to take my life into my own hands.

"Look at this file, I have been travelling and travelling, What kind of life is this? My husband is posted in another place. My children are in different place.

So, one day in 1998, I took out all my transfer orders and related service papers, arranged them in order, wrote down the details of transfers and went to the Director of Health Services and said, "Look at this file, I have been travelling and travelling. What kind of life is this? My husband is posted in another place. My children are in different place. Most of the time, I have to leave my children alone. Sometimes I cannot go to field because my children are too small to be alone and so I have to apply for leave. My work is suffering, my life is miserable. Please post me in any place in Kohima so that I can work in peace for some years"

The DHS looked at my record with all the transfer papers. He was surprised and said, "Just wait, I will give you posting to Naga Hospital. And once you join, don't move from there for anyone's sake." He was very sympathetic. I was posted to Naga Hospital in Kohima within three days. I have been here for the last 17 years. This is my eighth posting, and I hope my last.

How I became a leader

My direct recruitment was as Grade II ANM. In 2005 I was given upgradation as Grade I. It was only a name without any benefits or status. IN 2006 the government posted 150 of the senior grade I staff as Supervisors. But this also was not accompanied by any financial benefits. We were getting only the annual increment. We asked why there was no change in scale even as Supervisors. We did not have any idea of how to protest and there was no one to help. We went to TNAI and to nursing directors but did not receive support. We were dreaming that someone will help us!

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I spoke to other friends and said, "what shall we do? All said "we must do something. We decided to have a meeting. I was in Kohima. The first emergency meeting was in Kohima district. We asked many people what we should do and how. Some people in offices said, we can ask in RTI and go to court also. I was willing to spend time and money to help my ANMs. I thought that ANMs are not getting fair treatment and no one is interested to help. First we filed RTI petition. We took help from well wishers and wrote to RTI. We then went to court. We won the case. The court directed the government to act. The government has not responded. Now we have to file contempt of court.

I have been at the forefront of the struggle of ANMs for four years now. I get calls from ANMs in all districts and try to listen to them and give them information. There is a court case and I have to I am not a leader, I cannot talk and say things strongly. I only say what I believe. I do not know how to be dynamic and influence people.

Neilakou is available for further discussion on her mobile

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Nirmala's Story

Childhood dream realized!

I remember as a child of 5 years, I used to get these mental images I must serve others, "I must live for others, live for others, not for myself". That I don't know what this is, or from where it came, but during all my childhood I only had this thought. I must do social service! Perhaps I was influenced by my family background – slightly service, slightly political, always fighting for others. Both my families – mother's side and father's side were service minded people.

My mother was a teacher and she influenced me in many of my important decisions. Right from childhood she showed me with her example, the importance of service to people. She used to tell me many stories of helping the poor people and women who are suffering. Public service was so deep rooted in me that as a child itself I decided not to marry as it would be an obstacle for service to others. When I became a young girl, my parents put some pressure on me to get married. So I decided that economic independence must come first, before everything else. I thought any job would do as long as it gave me enough to live on my own without depending on others for my personal expenditure.

Accidentally, I received an application form for ANM training. But I had not thought of nursing as a career. In fact I did not like it much. I wanted to do public service, not work in hospitals. One of my friends got this form for Rs. 10. But her husband did not allow her to join the training. So she gave me the form and asked for the money. I gave the money to her because already her husband was angry with her. I kept the form with me and then I prayed with the Bible. The repeated message that I got indicated that I must go for nursing. So, after a lot of thinking I joined the ANM training.

I joined duty as an ANM in 1983. It was already called multipurpose health worker training. So our designation was MPHWH (F). The first few months of my service showed me reality of being a female health worker in the male dominated health system. We were treated like slaves. There was work pressure, and difficulties of stay and travel on one side. On the other side was sexual harassment from almost everyone. The ANM was the target for all – public, leaders, male workers, health inspectors, doctors, officers, everyone. Added to this, there were no increments, no uniform allowance, no confirmation of service. Though I was appointed in 1983, there was no confirmation of my service till 1989. The oppression was to such a great extent that the department did not even issue training certificate to us.

I was very depressed with all the problems. I could not eat, I could not sleep. Every time I was thinking why they are doing like this and treating the ANM like a slave, without any respect. My uncle saw my condition and discussed with my family that ANM job is not suitable for me. He suggested that I resign and go for B.Sc. Nursing. He even found out the details of the college and the application. My mother told me, "If you resign and go for B.Sc. nursing you are escaping from

The first few months of my service showed me reality of being a female health worker in the male dominated health system. We were treated like slaves.

the situation. But all the others who have joined the service like you will continue to suffer. You have seen how the young girls are suffering. You wanted to do social service from childhood. You can also serve your colleagues. That is also social service". That was the changing point in my life. I decided to continue as MPHWS and start serving all the ANMs who are suffering.

The ANM was the target for all – public, leaders, male workers, health inspectors, doctors, officers, everyone.

In 1984, I was 23 years old and had

decided to serve the ANMs. At that time, there was no separate association for the newly designated MPHWS (F). There was an association for maternity assistants and a half another for ANMs (two year trained people are ANMs, we had only one year training and we were MPHWS). I went to all the association leaders and said, "Please let our people also join your association. We are also same". But they did not agree. They said, "No, no, you are separate. We don't want MPHWS to join with us. We are different". Since that time I tried to form a different association for MPHWS (F).



I would talk to the staff I met whenever I went for family planning case motivation to hospitals and health centres. It took me three years from 1984-86 to convince some colleagues to come together. In 1987, I collected two rupees from my PHC staff. Total amount was Rs. 60. With this money I printed a notice and organized a meeting in Madurai. Third May 1987 is a golden day for me. There

I went to all the association leaders and said, "Please let our people also join your association. We are also same".

was a big crowd. We discussed the need to form an association and formed it on that day. I was elected President of the new association. There were many unions at that time – some with political affiliation and others which were apolitical. We became affiliated to NGO union because it was apolitical.

I started my work seriously. I heard so many problems and tried to solve. Problems related to male domination, atrocities against female workers, victimization, insults, pay cuts, suspension, threats, etc. There were so many problems. Our staff lived in fear all the time, fear, fear. Our association was new, I was very young. There were pressures from other male colleagues and doctors. We needed to be very strong to withstand all that.

Some achievements of the Association: We formed our association on 3rd May, 1987 and in August 1987, we had our first Conference. We had nearly 3000 persons joining. In the next year (1988) we achieved success: We could get Uniform allowance, FTA and, most importantly we could get our designation changed to VHN (Village Health Nurse) from MPHW (F) or multipurpose health worker (female). We did not like the designation MPHW(F). Why they called us that, we did not know, but it was not suitable.

The next year (1989) was a great achievement for our association. We



could finally get our certification and confirmation in service. This means we received increment and arrears for eight years. Here again, we faced problem. The Nursing Council said that we could be counted only from the date of registration, this means loss of eight years of service. So we had to protest again and demand that it is not our fault that the government did not issue the certificate. How did the government use our services after training, then if it is not to be counted?. So after a lot of struggle, we could convince them to count our service from the date of appointment and not the date of registration in the Council.

We also struggled to get two wheeler loan and two wheeler training to all VHNs so that they could do field visits in a suitable manner. Career building and taking the second step on the career ladder was our major struggle. The government gave training to VHNs to become SHNs. On completion of training they gave designation as SHN but without actual promotion or salary. VHNs were waiting or 10 years for promotion after the training. In 1995, we achieved a milestone and said that SHN post should be given without training, just like other categories.

Other areas of achievement were getting cell phones with recharge facility, laptops and recharge facility, gas stove and gas cylinder for subcentres. A new hurdle that we had to face was the proposal of the government to post the GNM at the subcentre level. We had to be strong to oppose this tough stand and finally we could stop it.

A new hurdle that we had to face was the proposal of the government to post the GNM at the subcentre level. We had to be strong to oppose this tough stand and finally we could stop it.

Today, the TamilNadu VHNs' Association is one of the strongest in the Country. We have district units and district committees. We have an office in the state capital and take active role in becoming aware and participating in policy and programme matters. Unfortunately, we have not made much progress in the career building of VHNs. We also need to network with associations in other states and come to a common platform for the welfare of the VHNs and also provide quality services to the women and children. We are a women's organization and we strongly believe that women's welfare is the highest priority of the VHNs.

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Panchami Deka's Story

How can homeless people be healthy?

Wherever we ANMs work, we are automatically looking at people and talking to them. It is our nature. It is also our duty to mix with people. Those who are used to work in the hospital, like staff nurses and doctors, their mind is on the diseases and the medicines. But ANMs' mind is always on people. Who they are, how they are living, how many children they are having; is woman pregnant, how old are the children, where is the man, what work does he do, and is he a helpful man? Our minds will ask these questions all the time.

I was posted to work in the OPD of the big hospital in Guwahati called GMCH. This is a really big hospital. It is so big that ordinary people cannot find their way inside. Even I find difficulty inside the hospital, though I am posted here. It is all the time busy with patients and relatives and doctors and nurses and students. My duty is to give polio drops and other immunization in the OPD, because I am an ANM.

One day when I finished my work and I was leaving the hospital, I saw an infant on the floor near the entrance. I looked around for the parents. I saw them sitting a little away near the steps eating something. I spoke to them and gave polio drops to the infant. Then I started talking to them. The mother's face seemed familiar. Then I remembered that I saw her two or three times walking here and there in the hospital compound.

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But I had not seen the husband before. He was lying down on the floor with a piece of blanket covering his legs. I asked them what happened. The woman told me that he had an accident some days ago in which he broke his leg. He is unable to walk and so, the woman had to leave him lying there and go around the hospital to find some food for him. She tried to get it from the left-over food of the patients in different wards. Sometimes, some kind nurses and patients' relatives gave her some food.

I asked the man to let me see his leg. It was in very bad condition. I told the woman, "He needs to be admitted and operation will be necessary". I asked the man, "You know you need treatment, why are you here outside the hospital, you should be inside?" They said that there was no place in the hospital and so they were not admitted. I told the woman, "Meet the superintendent of the hospital, he is a kind hearted person and maybe he can help in getting some compensation or even admitting him immediately". Then I looked again at the infant. It was a girl and she was quite healthy. She was getting regular feeding from the mother. I asked whether she had other vaccines. I was happy when they said that she received all the vaccines. I again told them to meet the superintendent for

He was admitted and treated. He recovered and was able to walk.

I felt good that I helped atleast one poor family.

help and went home.

The next day, when I was entering the hospital for duty, I looked for the family, to find out whether they had been admitted. To my disappointment they were still there. The father was lying on the floor, the child and mother were not to be seen, perhaps she went for getting some food. I waited till she came back and then helped the father to go to the counter in the OPD. I personally got his

card made. I coordinated and made sure he was taken to the surgery department for admission. I followed up the case and helped the family to do all the paper work. He was admitted and treated. He recovered and was able to walk. I felt good that I helped atleast one poor family.

A few days later, as I was entering the hospital, I saw the same woman sitting at the entrance to the hospital with a bowl of coins in her hand. She was begging. I went to her and asked what happened. She said she was pregnant and her husband could not work still. I took her to the gynecology department, made sure she had complete antenatal check up and medicines. Then I gave her all the antenatal advice just like ANMs do in the subcentre village. I told her to go for regular check up so that she and her child would be healthy.

Some months later, I visited her in the maternity wing. She was carrying a newborn baby in her arms. Her husband and the older girl were also with her. She looked at me with happiness, as though I was her relative. The baby looked healthy. I congratulated her and told her I was happy for her. I went to the ward and found out from the staff that everything was normal and both mother and baby were healthy. I noticed the baby's

weight was more than two kgs. I stayed with the mother for some time and gave her all the advice for care of newborn, told her about the vaccines, keeping area around the baby clean, making sure that the cord is dry, breast feeding is done regularly, etc. Everything else for care of postnatal mother and newborn, I informed.

As I was about to leave, she looked at me with very sad eyes without saying anything. When I asked her what was worrying her she said that her husband was a little upset because the second baby was also a girl. I had to stay with them for some more time and talk to them again. I told them that girls were a big asset to the family, and that there should be no difference between girls and boys because both were gifts to parents. I said, "Both are made in the same manner and are born to the mother in the same manner. It is the responsibility of parents to bring them up equally without showing any difference". I knew that this explanation and talking will not change attitude suddenly but at least she appeared a little more happy.

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When I told her that when she reached home, she should make sure that the discharge card was safe and that she ate good food as she was postnatal, she looked at me with great sadness. She said, "When they discharge me from here, where shall we go, now we are four. Two are babies, he cannot work still. We have no home. The government evicted us from our home. We have nowhere to go" She started crying. The husband did not say anything. He was just staring, without looking at me. What can he say, I thought?

Now there is a great sadness in my heart. I think of that woman and her family, very often. I hope they have found some place. It is not easy with two little babies. What will happen to the girls when they grow up? There are lakhs of such people in our country without proper homes. They will not be counted in any subcentre if they do not have a home. So they will not receive antenatal card or immunization. How can ANMs find such people and provide services? Why the government cannot make a big scheme for all to have home and food? How can they be healthy, if they don't even have a home to live?

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Pooja Nagar's Story

What happens when an ANM protests?

The CMOH of our district was very angry with me. He was looking for a way to teach me a lesson. The heavy monsoon rains in August 2013 gave him a very good chance to punish me. My subcentre - Ghana - is a level I MCH centre with adequate facilities. I used to do a lot of deliveries within the subcentre. But the monsoon came and soaked the building. One day, half of the subcentre building just crumbled down. I reported the matter to the Block Medical Officer and requested for speedy repair. It was not safe to work, much less to do deliveries. I was hoping that the department would take action fast and get it repaired. Meanwhile I was doing regular services, but stopped deliveries.

There are seven villages under my subcentre. Ghana, the main village is so difficult to reach, especially during the monsoon, that only tractors can move on the muddy paths. If you put your legs down, you will find it difficult to pull them out from the thick mud. It was on one such day that the CMOH came to visit Ghana with the excuse of looking at the

building. I was not in the village on that day. I had gone to Guranj Ghat - one of my hamlets just two kms away - on a regular field visit.

The CMOH came without informing me. He was accompanied by the male worker and the accountant. The road was thick with mud. He travelled in a tractor which the male worker arranged for him through the sarpanch of the village. He went to the subcentre and saw the building. As usual, when an officer visits, the villagers came and stood around him curiously. He asked them to sign a paper saying that it was for repair of the subcentre building. Four villagers came forward and signed the paper happily. They were illiterate and believed what he said. The male worker was also made to sign.

The next morning, I was shocked to see in the newspaper that I was shifted from the sub-centre.

The next morning, I was shocked to see in the newspaper that I was shifted from the sub-centre. Staring at the headline in the local section of the newspaper, I asked myself, how can this happen? I then read that it was for not being available in the village. I was hurt and angry. I knew immediately that this was done to punish me. Reading my name in the paper, anybody would think, I did something very wrong.

I took the paper and went to the village immediately. I showed the paper to the village leaders and said, "Look at what has happened to me. I have been removed from this village because you people complained against me. I know I have not done anything wrong and you people will not complain without any problem from my side. What happened? Please tell me. This is a big insult to me". The villagers were shocked and angry. They said, "How can we know what he has written on the paper? We have not studied. He looked at the building and asked us to sign. We signed because we thought this is a panchama for repair of the building". The

village leaders were not happy at being duped by the Officer.

An urgent meeting was organized in the village and the matter was discussed. The people decided to protest against the action of the officer. They took four vehicles – two cars and two autos – and filled them with people. Everybody wanted to go, but they were not fitting in the vehicles. They went to the Collector's Office, and stood outside and shouted slogans in my favour. Hearing the noise and the slogans, the Collector came out and asked, "Are you happy with your ANM?" They replied, "Yes, she is good with us. We did not complain against her". The Collector said he would see that I was retained in their village.

Then the people went to the CMOH office and protested against him. After some time, five villagers were invited inside for discussion. When the people saw the CMOH, they were angry and asked, "You said you were writing about the building, and so we put our signature. But you removed our sister from our village without telling us. Why did you do this? He said, "Don't worry, she will be kept in your village".

The transfer paper was prepared but was not served to me because of the people's protest. But the publication of the news of my transfer in the paper, even though it was not carried through, had already harmed me in the eyes of many. It was done just to trouble me and insult me. Everybody who reads the paper will think, "Ah, what did she do, they transferred her by writing in the paper?"

All this happened because of an incident that took place in the previous year. A large group of ANMs had protested

But the publication of the news of my transfer in the paper, even though it was not carried through, had already harmed me in the eyes of many. It was done just to trouble me and insult me.

against the behavior of the DIO of our district. I was the key person in that protest. The CMOH was taking revenge on me because I had protested against a senior doctor. All the doctors will stand with each other even if they are wrong. Let me tell what happened in 2012 and why they were all angry with me.

Do I have to make you sit in my lap and teach you? You paint your white hair into black to make you look smart. But you don't

Mass Measles Immunization Programme was announced in our district. This meant that we had to immunize all children below 10 years with measles vaccine within a short time. The training was fixed on Sunday to tell us how to do the mass immunization (We are called any day without giving any explanation). It was a large group of more than 1000 people. There were AWWs and helpers, ASHAs and their families, ANMs, auto rickshaw drivers, and many others. We were all gathered in the hospital compound.

In front of all the people, the DIO pointed at me and said, "You look smart compared to others, come and demonstrate how to give measles immunization". I went on the stage and started to show how to handle the vial. I took out the vial and rolled it between my palms as we were taught to do this to warm up the vial. Unfortunately, this was a mistake (They change the methods and practices so often, we are not sure what is the latest practice). The DIO was angry and shouted, "You do not know how to give injection even though you are senior and you look so smart".

I felt bad to be scolded in front of everybody but I did not say anything. I bowed my head and moved aside. He called another ANM. She also made a mistake. By now all the ANMs were nervous. Other ANMs were called to demonstrate and scolded. One of the sisters started crying. Seeing this, the DIO became angrier. He said, "What is wrong with you people?".

None of you know correct way to do the measles vaccine. Do I have to make you sit in my lap and teach you? You paint your white hair into black to make you look smart. But you don't know your work" All of us were astounded at his outburst. We were not sure what to do at that time. We were also angry. But how can we talk back to the officers, that too in public? We stayed quiet at that time. But the next day we all met and discussed this matter. We felt this was a big insult to all ANMs, that too in front of the public who look up to us. Why point out our mistakes in front of more than 1000 people. Who will respect us, if they hear this? People will think that we do not know how to give injection! How can they take vaccine from us?

This doctor had a bad name with all ANMs. He was known for using bad language with ANMs. When he was in other blocks, he used to make some ANMs cry with his words. Many ANMs shared their experiences and were unhappy. We decided to take action so that other officers get a message that ANMs will not keep quiet. We wrote letters to all the officers describing his behavior.

We wanted an apology from him. We sat in protest. All the people came to know about this. It came in the news paper. Lots of officers came and told us to take back our paper. The CMOH also came and said, "Take back your paper. He will not behave like this again" But we did not listen because now we knew that they would take action against all of us whether we took the paper back or not. So what is the use of protesting if we cannot even get an apology? When we refused, the CMOH became angry and told me, "This is your good time, but your bad time will also come". I knew then that this man would one day take his revenge.

When he was in other blocks, he used to make some ANMs cry with his words. Many ANMs shared their experiences and were unhappy.

Finally, the DIO asked the ANMs to excuse him for hurting them with unthinking language. We stopped our protest and went to work in our different places. But, almost immediately after this, action was started against ANMs who protested. A series of transfers and suspensions were started. For many, salary was withheld with some pretext or other. To protest against injustice and bad behavior of the officers is not easy. We suffer if we don't protest, we suffer more if we protest.

To protest against injustice and bad behavior of the officers is not easy.

We suffer if we don't protest, we suffer more if we protest.

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Putul Deka's Story

Elephants and Elephant Leeches!

Jalukpaham rings fear in the ears of anyone who hears the name, if they know about it. That is the subcentre for which I am responsible. Jalukpaham is situated deep in the forest in Kamrup district near the Meghalaya border, 42 kms away from Azara PHC. We have to walk for several hours to reach the subcentre. We have to cross the forest to serve the tribal people who live on the hills in the forest along with the wild animals. They are already living far away and not having any facilities. So, we have to do our duty.

We risk coming face to face with wild animals. We know we are in their area, animals are the residents in this jungle. Animals may be anywhere, they may be walking or searching for food, they may be taking care of the little ones. Animals don't like to be disturbed. They may become angry seeing human beings. They may also think that we will harm them. One day a herd of elephants crossed right in front of us – many of them, some small ones also. They did not see us. We were scared. We hid in the bushes without making a sound and we prayed. We stayed still like that till the elephants crossed. No one can tell when the elephants will be angry and charge at us. Sometimes they may just pass by without bothering about the

small human beings even if they see us. But who can tell?.

So we must be careful all the time. That day, after the elephants crossed also we stayed in the same place for some more time, and thanked the almighty for saving us.

One incident from my forest visit will always remain in my memory. It was

Wednesday, 30th January, 2008. We were deep inside the forest with hills all around. It was also raining and the ground was wet. I had a stick and an umbrella in my hands. I also had two bags on my shoulders. Walking with all these was not easy. All of us were already partially wet with the rain. A leech (juk) fell on me from the leaves above and stuck to me without my awareness. Because it was wet and warm, and I had so many things to carry, I did not even know when it fell on me and slid down my body. It stuck to my abdomen just below the umbilicus. How long had it been there? I do not know. It finally became unstuck because it had taken a lot of blood. I knew about the leech only when my clothes were bright red with blood.

The leeches of the hills are different from the leeches of plains. They are bigger than the ones in the plains. They are six inches long and two inches thick when filled with blood. That is why they are called, 'elephant leeches'. They are very sly creatures and not easy to find when they are on your body. They crawl up the sloping hills and hold on to leaves and branches. They fall on people and animals moving around. I heard, they can smell the blood of humans and come and catch us. When they start they are small and so you may not see them. After taking all the blood, they become big. The forest also has leeches on the floor under the leaves, but these are smaller.

I started bleeding heavily from the spot. I told the others and they saw that my clothes were wet with blood. We stopped and opened the first aid

**Serving
in forest
sub-centers
is a risky job...**

**We always go in
groups.**

box, cleaned the area, applied betadine on the spot and put a bandage. I saw that the wound was deep and nearly one cm wide. It is not easy to stop the bleeding from the spot of the leech bite. The bleeding continued. The area on the abdomen was such that we could not put any pressure or tourniquet. I was also walking and the movement made it worse.

By the time we reached our destination – Jalukpaham - I felt weak and also scared. My uniform was stained with blood all over. The anganwadi worker crushed some leaves from the forest and squeezed the juice on the wound, but the bleeding did not stop completely. She gave me some tea. I tried to rest while the others cooked food. We always carry raw materials

with us when we are going for the visit in the forest.

We cook with the help of ASHA, Anganwadi worker or in some nice person's house in the village.

I ate some food and tried to sleep. I did not get much sleep due to my anxiety.

Added to this, the floor was



hard and slightly damp due to the rain. We had only a thin sheet, not even a mat to put on the floor. But this was the first day of our visit to my subcentre and we had planned many activities in all the hamlets around jalukpaham. During each visit, we tried to complete all the work, because these people had access to health services only once in a month. I thought, "somehow I must complete all the work before going back".

In the morning, I completed all the work for which I had gone to the subcentre. I immunized the children, checked the pregnant women, gave oral pills to some women. The next day I had to do duty in another area near the forest office. We took all our materials and equipment and went to the forest office and stayed the night there. By now, the wound was not actively bleeding. Some oozing was still present. It was painful and needed attention. I may need some sutures because it was open. But I had to finish my work first. We completed the work in this area also.

Seeing my condition, the forest department officers dropped us at Lakhra in their vehicle. From there we travelled in a Tempo to Jalukbari and in another Tempo to Azara PHC. The doctor in the PHC saw the wound and put stitches as it was still oozing. I got some medicine and antibiotic from the PHC. Slowly I recovered. But I have not forgotten the sight of my blood soaked clothes.

I have been an ANM for more than 27 years now. I was appointed in July 1988. I am still an ANM. There is nothing for us, no hope, no promotion, no future. No one really understands the hardships we face when we have to travel for long distances in the forest. We face many risks



while carrying out our duties for giving immunization, examining pregnant women and providing different health services. We walk for miles, we climb hills, cross the rivers and forests. We are in great danger from forest and also from people.

Sometimes we do not eat in time. We cannot take rest in the forest, because there is no place and also because we want to reach some village before it is dark. Will anyone ever understand and help us?

Putul Deka works in Jalukpaham subcentre of Azara PHC in Kamrup district, Assam. She is available for further discussions about life as an ANM in the forest.

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Putul Pan's Story

Contraception for conception and live baby!

Women suffer for so many things, some little things and many big things. They suffer also when it is not their fault. They suffer for other people's mistakes also. Such was the case of Hanufa Khan, wife of Ajmir Khan of Amdahara village minority belt. Hanufa was the victim of habitual abortion – three abortions and unsuccessful pregnancies before this. The family was suffering with disappointment. They were angry also. Hanufa was very unhappy.

The family felt that this is the last chance they would give Hanufa. "After this we cannot do anything for her, we will think, 'this woman will not bring a child to us' and leave her alone". They blamed her and said that the family will end here because of her. But Hanufa was helpless. What will she do? She can try to become pregnant again and again, and try hard to keep the pregnancy till birth of healthy baby. But how can she do this?. It was a really terrible situation for Hanufa.

This was the condition of Hanufa Khan and her family when I joined this subcentre. She had been pregnant for the third time and had gone to Bishnupur hospital where she delivered a live male baby who did not live

“Somehow I must
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long. It was a neonatal death. This incident made the family further disappointed. A live born male baby dying after two failures was intolerable. Everyone was angry and upset at fate. They even neglected her post natal care because they were so depressed. But Hanufa Khan blamed herself more than anyone else. She felt she was being punished for some wrong she must have done, without knowing.

I visited their home to find out details and understood the total situation. I decided to

follow up closely, counsel them, help the mother. I took this case as a challenge. “Somehow I must help this mother to get a live and healthy child! Otherwise her future life will be miserable”, I decided.

I discussed the details of the situation with Hanufa. “The family thinks you are to blame, but it is not your fault”. I gave her lot of courage and said that I would help her and be with her. I said, “First, do not get pregnant immediately. You are very weak now, you are so upset. If you become pregnant in this condition because you are desperate to please your family, it may go wrong again, and they will blame you more”. This way I gave her much moral support. I said that the most important thing is for her to smile and have good health. Then only, she must think about baby.

I knew Hanufa was helpless. It was my duty to convince her family members. I spoke to all members of the family. I explained to them about habitual abortion cases and how much care we must take during pregnancy to avoid the disaster of abortion, still birth or newborn death. I convinced them to wait and be patient for some time. After many visits and discussions, they started respecting me and listened when I gave any advice about diet and rest. I spoke to Hanufa’s husband Ajmir Khan many times in a patient voice. Finally, he was also ready to listen to me.

Once they all agreed to listen to me, I gave them counseling on family

planning. I told them to strictly follow contraception for six months. They were surprised at first. But I explained to them in a patient voice. I took their full agreement. I gave plan to the mother and family for improving her health and hygiene. I gave health education on nutrition. I said she must be healthy to bring healthy baby. The mother and the family accepted everything I said and followed my guidance for six months. She became healthy and gained weight. The family started helping her and stopped blaming her every day.

I told them to strictly follow contraception for six months. They were surprised at first. But I explained to them in a patient voice.

Hanufa Khan conceived after this time. Right from the time of conception, I watched her closely. I cautioned her about activities and rest. I made repeated visits to her house. I gave her complete antenatal care – full check up every time – like Hb estimation and BP checking, palpation and foetal heart sound checking, and measuring weight for seeing the difference each month. I measured fundal height also to see whether growth of baby was correct. I gave her TT injection and iron tablets. I supervised that she took iron and folic acid tablets regularly. I gave her all the antenatal advice and told her to call me as soon as something went wrong. I consulted specialist about her case and ensured she got referral services from the specialist obstetrician.

During the last days of her pregnancy, she went to her mother's home in Morar subcentre area. I followed her very closely in her maternal home also. I prepared her for institutional delivery at Bishnupur district hospital. As she was nearing term she was admitted and delivered a healthy daughter on 11.03. 2015. The baby's birth weight was 3.8 kgs! When I saw the healthy baby in Hanufa Khan's lap, it was a joyful moment for me.

But I did not rest. I knew that only the first part of the danger was over. The newborn period is also very dangerous. As she was in her maternal

home, all the postnatal care and newborn care was provided to her there. I followed her up very closely on the phone and helped her to receive all the services because she was a special case. The mother and baby crossed the danger. The baby is now healthy.

The birth of this baby has given me another family member. Hanufa Khan and her family consider me part of their family. The ANM's work is very hard, but sometimes it is also very rewarding.

Putul Pan works at Fulbani subcentre in Bishnupur block of Bankura district. She is available for further details about how ANMs can help women. She can be contacted at +91 94752314791

Ranjana Roy

Chowdhury's Story

Getting subcentre for a divided community

I have been working as an ANM since 1994. In the year 2003 I was posted to Krishnamati subcentre under Madhyamgram Rural Hospital. I have struggled to maintain my subcentre. I faced a lot of problems. Most of the people are very poor and they are BPL. There are so many cultural and religious practices that keep people divided. My subcentre is one example. There are two villages – Krishnamati and another village Kirtipur in my area. Krishnamati is in Muslim belt and Kirtipur is in Hindu belt.

The subcentre was located in Kirtipur. Krishnamati did not have subcentre. Hindu ladies in Kirtipur did not like Muslim ladies to come to the subcentre in their area. Equally like them, Muslim ladies felt they should have subcentre in their area and why should they come to a place where they did not get respect. There was no place even to sit and provide services properly in Krishnamati.

What will I do? How can I change the thinking of the people? I know it is

too big a task for me. My duty is to provide health services to all. I cannot do anything about communal disharmony. So, I thought, let me try to make health centre for them also and not try for unity among the two religions because that is a bigger task and requires cooperation of two different groups. That is beyond the capacity of my job. But my job was getting affected!

I started running my subcentre at Kirtipur club about half a km. away from Krishnamati. Now the people became happy because I am running my subcentre for Krishnamati as well as Kirtipur. But soon I started facing problems again. Some local people came and asked me to stop using the club as a health centre. I had to temporarily shift all my activities to Krishnamati. But this again created problems in the village as the Hindu people of Kirtipur did not allow their ladies to come and get antenatal check up from this place, because it is Muslim dominated area. So again, I had to do something.

I knew that the government would build the subcentre only if the local people donated land. With the help of the local people, I started looking for land. We found a little land. It belonged to one young man. He was willing to give part of it but he said he had to ask his sister. She was living far away and so I had to travel with him to his sister's village to talk to her and convince her. Only after being sure of the land, I applied to the government.

The government came forward to help and gave a cheque for Rs. 12.00 lakhs to construct the health centre. We were all very happy. The whole village thought it is

I knew that the government would build the subcentre only if the local people donated land. With the help of the local people, I started looking for land.

their subcentre and closely observed its construction. In the middle of the construction, we found that the contractors were using low quality material. We protested and this was stopped.

For us ANMs, it is a struggle every day. We are multipurpose workers. We even try to get land and get construction, supervise the building, maintain cleanliness, everything, we have to do.

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Samapika Pakira's Story

From 14 to 4! **That is how far they moved!**

I joined service as an ANM when I was 20 years old, on 16th April 1985. I was made responsible for seven villages. The seven villages came under three gram panchayats. It was a big responsibility for a young woman. I made up my mind to work hard and gain the respect of the people. I was especially interested to make sure that people were healthy and did not practice any irrational beliefs.

One of my villages was a Muslim village. On my first visit to the village itself, I was flabbergasted by the number of children that the Muslim women had. When I started talking about family planning, they did not pay attention. My repeated attempts at bringing up discussion about small family were futile. In fact they did not accept even TT injection and other immunization. They did not have a good opinion about hospitals and had their deliveries at home. Many times, I would speak to a woman with an infant about the need to use some family planning method. She would just look at me and ignore me and, the next visit to her, and she would be pregnant again. I started to think, that maybe I am not doing the motivation in the right manner.

House after house, my discussions with the women were similar. The results were also the same. The women were not convinced with my enthusiastic motivation to adopt family planning.

There were many incidences when the families in this village shut the door as soon as they saw me coming. House after house, my discussions with the women were similar. The results were also the same. The women were not convinced with my enthusiastic motivation to adopt family planning. Let me give you one conversation to get an idea of the questions and responses.

Me: Why didn't you tell me about your pregnancy?

Woman: If I had informed you, you would have given me tetanus injection and sent me to hospital.

Me: But this would do good to both you and your child.

Woman: But I never had any problems during my pregnancies and deliveries before, didimoni.

Me: But deliveries by untrained women can lead both you and your child towards death and other complications like bleeding after delivery, uterus coming-out, like that...

Woman: My husband will not allow me to be operated by a male doctor as it would hurt our dignity.

Me: But for other problems you visit doctors. Then, why not for your delivery? Besides, in a hospital female doctors are also present.

Similar conversations would take place with women in the village. Almost all of them had large number of children, some even 14 or 15. My persistence in visiting them and trying to talk to them even when they closed the door against me slowly showed result. I gained their trust with a lot of effort. Slowly, they started talking to me and inviting me into their homes. Eventually I became like a family member to them. They have

given me a lot of kindness and love.

Their health beliefs and practices changed. First they started using my services for health problems and slowly they brought their children for immunization, and then the magic happened. They started adopting family planning methods. The change in behavior was very rapid once they started trusting me. Forty percent of the mothers in this area have undergone min lap, laparoscopic sterilization. Now they have only three or four children. Some got operated only after two children. I live in wonder when I think of the early days when I saw children everywhere.

Now I do not work in that subcentre anymore as my field area has been changed. But they remember me as their didimoni and visit me many times. They ask my advice about health problems and also share their family concerns with me. When I look back in my mind and think how difficult those days were, when I was young and they had firm beliefs and would not listen to me, it appears too far away. How far they have moved away from their attitude, I think. Really ANM life is blessed, to be able to bring such a change in people who had such strong negative beliefs against family planning.

First they started using my services for health problems and slowly they brought their children for immunization, and then the magic happened. They started adopting family planning methods.

Samapika Pakira is an ANM at Barragachi Subcentre of Nandipur PHC, West Bengal.

Sudhamani's Story

ANMs in cities too suffer!

Working in the PP Units is not as simple as ANMs in the subcentres think. They think we are in one place only, no need to walk miles and miles in the hot sun and get wet and catch cold in the rain. But we have our own problems. Immunization is the major work we do in the PP units. In my PP Unit in Sangareddy we have six subcentres with 58,000 people – nearly 10,000 per subcentre. People will think, “Anh, it is urban area only, what is the problem?”

They don't know how much we have to struggle. Under each subcentre there are four to five areas. In each area there is anganwadi centre. We conduct clinic in the anganwadi centre wherever it is available and in the home of someone if there is no anganwadi centre. In my subcentre also there is one area without anganwadi centre in Shivaji Nagar. I arrange my equipment and articles on the platform outside one house and go around and collect the women to come and give immunization and health talk.

The area is not very big in kms but whichever side we go the auto charge is Rs. 40-50 or more also. We don't get any allowance for carrying our vaccines with us. We don't get FTA also like subcentre ANMs. The number of ASHAs are less in urban areas – we have only six ASHAs for the entire

58,000 people. ASHAs in urban areas also have heavy workload because they have to cover nearly 10,000 people. They try to help but what can they do with such a big population?

Just like subcentre ANMs, we also have to do immunization in the PP Unit on Wednesdays and Saturdays. Because we are six ANMs, they put us on rotation – two will be in the hospital and the remaining four will do outreach services. We have to do duty on Sundays also. ANMs in the rural



area don't have to do duty on Sundays. For us, there is no holiday because deliveries are taking place every day in the district hospital – sometimes 10 sometimes 20. For all of them we have to give zero OPV, zero BCG and zero HBV. If we don't give, they will go home and it will be difficult to trace them.

During the immunization session on Wednesdays and Saturdays, we get nearly 150 children with their mothers or grandmothers. Sometimes, older children also accompany, and sometimes two or three adults come for one child. It is all very crowded. They will not stand in line. All want to come

first, they stand around the table, talking, children crying. We can't even breathe. We two ANMs only have to manage everything. One will give vaccine and one will write.

Injections have to be given for the babies and polio drops have to be put. After this we have to explain many things to the mother like - when to come back, what to observe, if there is fever how to give the medicine. It is not like we can announce

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once and all of them will listen with attention, and follow correctly. Because there are so many children and many are crying, it is difficult for the mother to pay attention. Repeatedly she will ask to explain. To each one, we have to tell again and again. When I am telling to one mother, the next mother standing just near me with her baby will also listen. But again she will ask me, "Amma tell, what will happen, for how many days fever will be there, can I give bath?"

Again and again, telling everyone the same thing and in the middle of all this, babies crying. When I tell them about cold compress if the baby has fever and feels warm to the touch, one mother will ask, "Will the tap water be alright, or shall I send my husband to buy ice." Clinic days are very tiring.

We are expected to give paracetamol tablet to mother to break into four pieces and give with breast milk for four times. Many times we will not have stock and so we have to write slip and give. Besides all this we also have to maintain sterile technique. We have to break the syringe and separate the needle and do biomedical waste management.

Besides work in the centre we also do Nutrition and Health Days (NHD) in our area. We examine pregnant women, give immunization, talk about breast milk or child care. We take up one topic each time or we tell according to need. Sometimes we talk about family planning and HIV and other topics that are necessary. When chicken gunya comes, we talk about that, when malaria comes we talk about that, when the rains come, we talk about GE.

In my area there are many women who are taking oral pills. Some take only for six months or one year. But some take for longer periods.

We also try to provide other services like oral pills and condom distribution, motivating for family planning. In my area there are many women who are taking oral pills. Some take only for six months or one year. But some take for longer periods. I have six women who have been using oral pills for more than six years. They are all well. They use oral pills because they don't want operation or because the operation has failed.

I have one woman in my urban area – staying in a small rented house in Shivaji Nagar who is now taking oral pills regularly because operation failed. She was operated in 2010 and thought she was safe but she became pregnant. After that she decided to use oral pills. She is 30 years old and has three children – two girls and one boy - and so she does not want anymore. But she is not willing to use Cu T because she does not have good impression about it. We have to follow up all those who are taking oral pills also regularly to assess BP and do health check up.

It is a miserable state for the ANM when the family planning operation fails and the woman gets pregnant. The husband and the family use very bad language and scold us. It is also very dangerous for the ANM when the woman gets infected after the operation. I had such experiences and had a very tough time dealing with the family.

We ANMs have struggled with tubectomy motivation, CuT failure, post tubecotomy pregnancy, oral pill refusal. It is we who have to listen to the bad language of the family when there is failure. But the government is not interested to listen to our troubles.

Sudhamani is an ANM working in the PP Unit of the district headquarter hospital in Sangareddy, Telangana State. She is available for discussion on her mobile number +91 9966588602

Sunita Hazra's Story

Fascinated by Sagarmatha!

I always wanted to climb mountains. Everest fascinated me. It seemed like Sagarmata (a name that Nepalese use for Mount Everest) beckoned me right from my first breath. She appeared like a beautiful, far away goddess who lived steadfast in the skies high above everyone else. She was very difficult to reach, and only the strongest-willed person could reach her. I decided I would climb up to reach her, whatever difficulties I may face. But who would have thought I would be looking at death while it went past me crushing everything and everyone around me?

25th April 2015 became deeply etched in my memory. I will not be able to forget the scene for a long-long time. Families lost their homes, many lost their loved ones. That day, I too lost something precious – my dream of reaching Everest. As the avalanche advanced toward me my long-held goal came crashing down. So many colleagues around me died. I survived but became a victim of shock.

What happened on April 25th? We were a large group of mountaineers – 382 people from all over the world. We were camped on a glacier at a

It was as though the whole peak was moving down, rushing at us.

height of 18,000 feet. Suddenly the glacier started swinging like a boat. Our camp itself was moving. There was a terrible sound. It is more than a month since it happened, but I can still hear it ringing in my ears. I looked at Sagarmata to see what was happening. I could not imagine anything so devastating. Someone pointed out (it was Goutamda my mountaineering friend and mentor),

“Look behind you”. I turned and the sight stunned me. I have never seen something like that before. It was as though the whole peak was moving down, rushing at us. It was from Mount Pumori, the other side of Everest.

We are surely going to die, I thought. I just stood still. Someone called, “Sunita, Sunita” I ran towards the voice. It was the Korean girl, one of our expedition members. I rushed to her side and we sat down with head bowed closing eyes, ears and nostrils, breathing through our mouths. It was only for a few minutes but it felt like a long time. I could feel the Korean girl breathing next to me. After the whole thing was over also I was still sitting in the same posture. I did not hear her calling me even though



she called quite loudly. Then Lipika, the other survivor from my close group, came looking for me. I heard her voice and opened my eyes. I was alive!

At first we did not know what to do. Though I was usually the health-person and used to first doing something to help people in need, that day I was of no

use to anybody. I myself was the victim. The trauma was too great. Just a little while before the disaster, we were filled with such energy and hope. Where was all that spirit? Only a handful survived now. The few of us, who were still alive, huddled together, confused at the state of our camp, the missing bodies, mountaineering gear strewn around.

Very soon, helicopters started arriving, and then jeeps. We saw other people moving, some crying, some silent, some just staring or confused. Someone told us to move down. I think it was the team from the Indian Army that was camping nearby. We picked up whatever emergency gear was visible among the rubble and started climbing down. There were sherpas all around us going down with the bodies. I was too numb to feel anything at that time. I could make out some of the dead people by their clothes or shoes. The shock is still with me.

Once, one of us touched the camera to take a picture of the camp. Just as my friend turned to take some more pictures, she saw my face looking at the dead bodies of our colleagues who were full of life and energy a few minutes ago. We did not take any more pictures. Those



bodies could have been us. We survived, why we were spared while so many from our group and the other expeditions died, we could not tell. We just felt it was not right to take pictures.

Now I look back and think, “Will I try again? Do I have the strength to face death again? Perhaps Sagarmata did not want me there and so she has put blocks, yet she saved me from death. Now I have a child – a ten year old son - and he should be my priority. But climbing is within me. It is like an intoxicant. It is also a very expensive activity. The royalty to the

Nepal Government, the fee of the Sherpas, the cost of the gear – everything is expensive.

Perhaps I will climb again. Who can say?

Climbing has influenced my work as an ANM. It gave me confidence and gained me a lot of respect from others. With my self confidence, I am able to talk to people in a more convincing manner and give them hope. In the other way too my work and health background have helped me in my mountaineering. In almost all expeditions, I am the health in-charge – keeping the medical and first aid kit handy and ready to use. Even in large expeditions when there is a medical team, I am the one approached by many for help related to health problems.

Climbing has also helped me to value life and nature. I think nature is the only reality worthy of all our respect. That is the god whom we should worship with great care. If we don't love nature how can we be good human beings? I am part of organizations and expeditions that help to clean up tourist places and create awareness among people. In one of these expeditions, we cleaned up Rohtang Pass area – one of the most dense tourist sites. Through one of the organization I spent time helping people understand that nature will not reject bio-degradable material. Earth will take it, absorb it, and even use it. So throwing left-over food, fruits, vegetables in the forest is not an insult. It will become part of the earth. Discarding plastic wraps carelessly into the trees is an insult to nature. These do not belong to nature and the earth cannot accept them. They will cause harm to living beings in the forests and hills.

Once when I was trekking in the Himalayan hills an incident happened that made me reflect about how we have moved away from nature. We were climbing down from the base camp at 14,000 ft in Himachal Pradesh, and the tree-line was just giving way to plain area. We heard groaning sounds and a man crying out, "please stop, please stop, I need medicine". We mountaineers move quite fast but are keen to every sound around us. We stopped immediately and looked around. We found the man lying down

on the ground among bushes. He said that he knew it was a group of mountaineers by the sound of our footsteps and also that we would have medicines, since expedition people always carried a medical kit with them. I examined him and found he had high temperature. He was also coughing and had thick secretions. He had not eaten much and was too weak to stand up. I gave him some crocin, helped him to drink water. We stayed with him for some time till he had some food and water, and took him down with us.

He was a local man who was collecting different herbs to sell to a pharmaceutical company in Chandigarh. The Company produced many medicines out of these herbs. He showed me the herbs, leaves and roots that he had collected. This man was a medicinal herb collector



and yet he was not able to take care of his own simple problem. I thought we are moving far away from nature which gives us all – the food and the medicines – yet we want to spend so much on medicines.

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Sushma Raguvanshi's Story

ANMs are easy target!

“Suspend and demand” happens only to ANMs because we are women. People think, “These ANMs, they are women, they will get scared easily. Let us threaten them with suspension and take money from them”. They do not dare to threaten male workers or senior officers. They can catch only the weak people. Even the cleaning workers are stronger than us. They will not keep quiet if they are threatened. Sometimes even the male workers join the officers in threatening us.

We ANMs can survive in this situation only if we have strong family support. My father was the Assistant Manager in the MP State Warehousing Corporation. My husband was the Branch Post Master. Both families are local and well known in the area. I decided to fight back when injustice was done to me. Even with all the family support I had and being a local ANM, I still had to go through so much trouble. Other ANMs would have listened to them and bowed down, thinking it is their fate that they are women and ANMs, and so they have to tolerate.

I joined as an ANM in Khidiyamandir subcentre of Suhagpur PHC in September 1989. I was a full term pregnant woman at the time of joining service. I delivered my first son within 18 days of my joining duty. On completion of maternity leave I was transferred to Bankawadi subcentre of Seoni Malwa. Luckily, it was my parents' village and so I used to live in the subcentre village itself.

Due to the continuous rain, they did not cook other food but ate the left over fish, thinking it will not get bad in the rains.

Unfortunately for me, three people of the same family in my village died due to food poisoning during heavy rains. They had eaten fish that was kept for several days. Due to the continuous rain, they did not cook other food but ate the left over fish, thinking it will not get bad in the rains. I was blamed for this, though I myself was from the same village. As a punishment, I was shifted to Pipalgota subcentre of the same PHC. This village did not have a subcentre building and it was located on a hill in the forest. Bears and wild animals were seen in the morning and night. I used to travel to the subcentre with a lot of hardship. There was no transport to this village. I struggled for five years. Several times I applied to be posted to a better village as I was finding it difficult. Even to this day there is no subcentre building in this village.

Had I paid money, the situation would not have arisen. I would have been retained in the same village or posted close by after the enquiry. But I was posted far away because I did not agree to give money. I was made to suffer for many years, I am still suffering for this. I took a house in Seoni Malwa because it was between my parents' village and my subcentre village.

Finally, in 1998, I was posted to Choutalaya subcentre. It had 11 villages. But it was closer to Seoni Malwa and there was a bus in the morning and evening. Overall, I was satisfied with the situation. But fate again played a game with me. There was no building for the subcentre. I used to go

regularly and conduct health clinics in the Mandir. The next year there were heavy rains and flooding. I was given a special assignment to one village – Gawdi - on the banks of Narmada river. Gawdi is located quite high up from the river and so no water entered the village, but many people had respiratory problems due to the rains and cold breeze. My duty was to observe people's health, report any illnesses and administer medicines and injections. I also had to do chlorination.

The Block Medical Officer in this area was used to taking money from ANMs. He asked me also to give. I did not agree. So he planned with the supervisor to fix me. He asked the supervisor to write that I was not available in the village on 25th, 26th and 27th September, 1999. He sent this to the higher officers and got me suspended. Charge sheet was issued. But this was based on false facts. I was in the village itself. I went through mental torture. What hurt me most was that I was not at fault. It was loss of my family's good name also. My suspension was a loss of face for my maternal as well as marital families as both were from the local area. Soon, everyone knew about my suspension and discussed it. Because we were local people, everyone would ask about the problem. We were unable to lift up our heads in society. But I did not withdraw. I was paid only half the salary for this period. I represented several times.

My father helped me to get a lawyer and we replied in detail with all the proof, where I was on those days, what I was doing, which houses I had visited, and many other details. The villagers gave in writing that I was available and providing services during 20-30 September 1999. As a result of the legal responses we gave, messengers were sent to me to withdraw the complaint. I was suspended for two years and eight months. I wanted to know why I was suspended. The officers did not

Had I paid money, the situation would not have arisen. I would have been retained in the same village or posted close by after the enquiry.

think I would be strong and would persist for so many months.

On suspension, they attached me to Suhaagpur PHC. I used to travel to Suhaagpur everyday from Seoni Malwa and sign in the register I used to catch Punjab Mail at 7.00 AM and reach Itarsi. From Itarsi, I used to take a Passenger and reach Suhaagpur by 11.00 AM. It was

difficult for me. I used to sign, carry out my duties and return by the evening train.

The case about my half pay for 2 years and eight months is still in the high court. I am confident that I will win the case. For more than half my career I have been struggling and keeping my spirit alive. Can I not survive some more time?

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Tarikan Begum's Story

Do you think it is easy to be ANM leader?

I attended the General Body Meeting of All Assam ANMs and LHS Service Association (Santha) held in Darrang Zilla Committee Hall and came out of it with my head in confusion. They had elected me as Secretary. This was totally scary and unacceptable to me. I was completely ignorant about how to be a leader. But I could not refuse also because my friends and elders were putting pressure on me and saying that I can do it. Very unwillingly I accepted to be the General Secretary of the Association for undivided Darrang and Udalguri districts.

Having accepted the responsibility, I had to do my job. I told myself, I will help as many members as possible in their troubles and also help them to be better health workers. First I learned how to talk with members and officers by following our senior leader, Buluma Saikia. I accompanied her when she went to different places for Santa (Association) meetings and when she went to speak to authorities. I picked up a lot of ways to handle people and problems from her. I then prepared my plan. I visited all the PHCs of the district and spoke to the members. I told them about the

Instead of getting the monthly salary in the first week of the month, we were being paid in the third or fourth week.

benefits of the Association. I spoke to even those who did not show any interest. I thought, these people are not showing interest, maybe they have some problem, maybe they have no trust in me as a leader, and they think I cannot do anything to help them". So I took special interest in talking to them. I inspired them to be mentally strong and to represent to the authorities in order to gain what is supposed to be given to us. When I spoke to them, many members were happy and said they will be with me in our fight for

our right things in the work situation. When I heard them saying like this, I also became more inspired. I thought if I am sincere and help people, they will also support me. I knew that we were deprived of many benefits and that we have to fight for a long time. But I decided to stay strong and work to establish our Santha in my district.

With strong determination and hard work, I served the members of my Santha. I was able to get the support of all the members and the elders of my Santha. I was able to solve many problems of the members related to their work. One of the problems that was a big frustration to all our members was the delay in the issue of salary. Instead of getting the monthly salary in the first week of the month, we were being paid in the third or fourth week. This was causing a lot of financial difficulty to the ANMs and LHSs of the district. Who will help us?

I discussed with all the members and made points and planned to take up the issue with the officers. We ANMs are implementing all the national health programmes every day, whatever new programmes and schemes are coming from top, we are implementing them at the bottom. But why the authorities and officers are not thinking about us and not giving us our remuneration in time, we don't understand. Why we have to fight even for

our monthly salary to be paid in time. It is their responsibility to write the papers properly, is it not, just like it is our duty to visit the villages and give the vaccines in right time and right dose. Why are they not doing their work? We decided to take up this issue in a united manner. All the members said they will be with me.

Our first plan was to talk to the authorities and see if they will listen at the district level itself. I met the Additional Chief Medical and Health Officer (FW), Darrang, Joint Director of Health Services, Darrang and the Deputy Commissioner of our district and discussed with them. I told them that our members were facing great hardship because of the delay in salary. After many discussions we started getting our salary in the first or second week of the month, not third or fourth week.

We ANMs and supervisors have to work very hard, sometimes travelling for many hours, even facing danger from people if we are late on the way. It is a very sad thing that we female health workers have to face so many problems to provide services. To be good health worker, we also must be satisfied and be happy that there is someone to take care of our needs also. But no one bothers about us. They do not see whether we are safe and whether we are getting our salaries and promotions in time. We are women, we have responsibilities in our home. How we can concentrate on the health problems in the villages and give services with smiling face when our family is not in good condition?

Every employee has a time and service limit for working. They work for some hours in some office or school but we ANMs and supervisors do not have any limit. We carry the entire load of the health department – every programme has to go through our hands. No other worker or officer has as much work in so many areas like us. The old programmes are always there, and every year new programmes are introduced according to the ideas in the minds of the big officers. They are given to us to take to the field without asking us at any time, whether that programme will be acceptable and useful to the people, without thinking how difficult it

may be for us to carry out.

In our entire service there is only one promotion. Most of the ANMs work in the same post for almost all the service period. So many finished 20 years service without a single promotion. In the beginning we had hope, thinking the authorities will do something for our promotion. But slowly all the ANMs lost hope. They are in total depression. They are just living and doing their everyday work. We are also members in society and so when we are giving all our service period for

human beings and their welfare, why is the society not thinking about our welfare? We all want our promotion channel to be made clear.

As a leader, I have tried to motivate our ANMs to work hard and get good name. Sometimes I get questions from them, "So what, you are telling nice things only. But who will give us promotion? ANMs' life is like this only". How to get them out, not go to sleep in their hopelessness.

ANMs and supervisors do not have any time and work limit.

We carry the entire load of the health department – every programme has to go through our hands.

Tarikan Begum, is Secretary, All Assam ANM & LHS Service Santha, undivided Darrang and Udalguri district.

Urmila Nath's Story

Five ANMs in the water!

I was born in a poor family. Right from childhood, I wanted to be a nurse. I used to see the nurses of our local health centre in the Bhakatpara State Dispensary. They were smart, and all the people with any pain or fever went to them. People took small slips of paper on which some medicines were written and went to them asking to explain what it was. I used to think the work of the sister is so important, everyone asked her advice and listened to her very attentively while she was explaining about the medicines. Sisters used to tell how to take the pills and tonics from the bottles. Whichever bottle the people took, the sister knew that medicine name and she told them how to take, how much to take and also when, before meals or at night and how many spoons and with water or milk. Sisters even told people what food to eat. So, seeing all this I decided I will be a nurse when I grow up.

As soon as I passed HSLC exam I applied for ANM training in Mangaldai Civil Hospital. I studied hard and was successful in completing the training. I was posted as an ANM on 21st April, 1997 and joined Meerabil subcentre in Orang PHC. I soon found out that real life

situation of the ANM is very different from training days, and very far away from my childhood dream of a nurse.

I was very young when I joined the job. There was no transport. People had to cross a railway bridge. The area was very backward. The subcentre was visible only after walking for two kms. The path was filled with wild plants and poisonous substances. Day after day, I had to go to the interior village where my subcentre was located. It was being said in the villages around my subcentre that malaria caused countless deaths. I feared for my life. There were so many mosquitoes everywhere. I may also get malaria and die!. I was so afraid but I had to do my duty. I was expected to help people in this area to prevent malaria fever. I had to collect blood from the malaria affected people. How shall I do this, I asked myself. I tried to tell people whatever I learned about malaria prevention during my training. I advised people to use mosquito curtains, I told them to take the medicines that I gave without missing a single dose.

One day, when I was doing the village rounds and visiting the sick people, I heard that two people had died due to malaria. I became very nervous. Immediately I rushed to the headman and told him to arrange a meeting of the people. I also told him, "Let us go to the PHC and ask for a malaria camp in the village so that quicker and better treatment is given to people in our village itself". After this, a camp was arranged in the school. Many doctors, nurses and other workers were engaged in this work. I worked very hard to help the people. But I had to ask for a transfer because of my personal difficulties.

This time, I was posted to another PHC under Kharupetia hospital No 1 Mazgaon health centre. The people were very poor and simple. One day, I saw a pregnant woman who was only 23 years old. She was severely anemic and in a very serious condition. Her family members called the faith-healer (Kobiraz). I spoke to the family members and said, "I know you have a lot of faith on the Kabiraz, but let me also take care of her". They did not object, because she was in such a bad condition. I gave her iron and folic acid tablets for six months continuously. I followed her up every

day to find out whether she took the tablets, what she ate and how she was feeling. Day by day, she improved and finally became better. I feel happy when I see her. I know I saved her life and that I did my duty.

Immunization is an important work for any ANM. Officers are all the time telling us to do immunization, and everyday many new vaccines are coming. When we have to do intensive immunization programme in remote areas we go in teams to complete the work. One day, five of us – all ANMs – were given the duty to work in a flood affected area. Before this, I had not got into a boat in my life. So I was quite scared. I was praying not to fall in the water. But maybe I did not pray nicely.

We five got into the boat and after going for sometime the boat sank in the water. All the five ANMs fell in the water. Some local people saved us and we were able to cross the stream and reach the village. Like this also, it is a big problem, all getting wet and uniform looking bad! We squeezed the water, collected the bags and went to the village. The people felt bad for us, because in flood also we are working, no?



We finished our work in the village and had to go to the next one. Here also we had to cross water and there was no boat. So we hired a bhora to take us. We were scared and held each other. When we reached in the middle of the stream, the bhora sunk and we all fell into the water the second time on the same day. There was no one nearby and so we shouted for help. Some people on the other side heard our cries and came to help us.

We five got into the boat and after going for sometime the boat sank in the water. All the five ANMs fell in the water!

I spent six continuous years working in these difficult areas – all the time afraid what will happen. Sometimes people become angry and they do not want vaccine to be given to their children. Every time new vaccine comes, we must first explain to the people. They are all the time doubting. Now the government is also pushing JE vaccine. The people don't understand all these new vaccines and we have to tell them about the new vaccine added to the schedule.

Finally, after completing 15 years of service I was relieved from the forests and the rivers. I was then posted to Bhakatpara state dispensary. I took charge for maintaining the vaccine section. I gave people injections and medicines in the OPD. I gave intravenous infusions. I used to do dressing and other first aid, all the work that was not part of my duty. There is always a shortage of staff and we all have to share and do the work, otherwise people will not get medicines and pregnant women will not get TT injection or iron and folic acid tablets or even simple health check up.

Urmila Nath works as an ANM in Bhakatpara State dispensary, Udalguri district. She is available to talk further about her work on mobile at +91 9864486238

Valliammai's Story

How did we stop killing girls?

M. Kallupatty is my subcentre. As a young ANM, I joined in this subcentre 27 years ago. At that time, M. Kalupatty village was also famous in the surrounding area. The men of this village were known dacoits and robbers. Killing, looting and threatening was their life style. Everyone was afraid of them.

M. Kallupatty was also known for killing newborn girls. Girls were just too expensive for the families. Their method of addressing the problem was to just get rid of them – either actively killing them or allowing them to die. Some of the methods they used for killing newborn girls were:

- Putting paddy (with husk on the rice) into the throat
- Putting nose powder (snuff) into the nostrils
- Dropping extract of a poisonous plant into the throat
- Putting the baby on damp ground or stone floor without clothes, and with the fan at full speed.

Why did they do this? The largest and dominant group of people who lived in M. Kalupatty belonged to most backward class (MBC). In olden days, this caste worked as soldiers. Nowadays, there are no such jobs. The dowry for girls is very high in this group. The expenditure is not just during marriage. It continued for many years after, even after the girl had several children and the children were grown up. There is some festival or cultural ritual throughout the year for which the parents have to send gifts to the daughter's marital home or bring her along with her husband and all the children and give gifts. This became a very difficult situation for the families. Instead of reducing the lavish expenditure on marriage and festivals, changing their attitude toward girls, the community started killing girls.

I knew that this community practiced girl-killing because it was spoken about in the area. But I understood all the details only after joining here as an ANM. It became a special duty for me to deal with this problem. I thought of it just as any other duty like intensive campaign for controlling malaria, doing immunization, or intensive health education programme for family planning. I started thinking I must remove this evil practice from my subcentre area.

How did the practice disappear? I made a detailed plan and implemented it with full determination. The whole health department and collectorate office supported me, because the government also did not want this to continue. It was a bad image for the government. Newspapers were also writing about it and many international people were visiting the area. I followed each pregnant woman, especially if the family had one previous girl living. The first girl was tolerated, the second was ill-treated, but the third was killed. I made repeated visits to the family throughout pregnancy and counselled them.

I tried to prepare them mentally to accept the child – even if it turned out to be a girl. I used every method I could use to change the behavior of the people. I had all the numbers with me – doctor, Collectors office, district

health officers, police, etc. As the EDD was drawing near, I went and told the family that I wanted to be informed immediately when pains started. Those days I did most of the deliveries -whether in the home or in the centre.

My actual plan started after the delivery. Even if I did not conduct the delivery, I made the first visit as early as possible. I sat with the mother and helped her start breast feeding. This was the first strategy.

As a woman and a young mother at that time, I knew once the woman started breast feeding, she would feel the attachment and it would be difficult for her to let the baby go. Maternal feelings and ownership will not allow her to be a silent observer if the family tried to kill the baby. So I put all my efforts into this, sitting with the mother and helping her feed the baby. I would talk to her and give her courage. I made visits every day and looked at the baby and saw whether she was being treated well.

The second step was collective responsibility. I would inform everyone who was important in the village about the birth of the girl baby in so and so family and warn them and say that all of them will be held responsible if the baby died. I would make all of them take some responsibility to change the practice –the village president, the anganwadi worker, the teachers, the committee members, the women's group leaders, caste heads, etc.

The third step was official notification: I would send information about the birth of the girl baby to the medical officer, the taluka office, the collector's office, the police station, etc. so that they are aware and sometimes make a visit just to let people know. In this way I worked at the family level, community level and official level to bring about a change in the attitude and practices of the people.

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Things have changed now. Not that they have completely changed their behavior and are treating boys and girls equally. But, they are not killing girls equally, but, they are not killing girls anymore. Maybe due to fear of punishment and prison, or maybe due to the desire to be good human beings and collect some good deeds for their next life.

Now I have to struggle to encourage girls' education and allow them to develop physically and mentally before marriage. More educated girl, more dowry to be given. So why waste money? This is how their mind is working. My daughter is the only one who completed graduation among



the girls of my village. My husband is also shown as an example now in the village. They say, "Look he spent so much money for his daughter to become a graduate even though he is not educated. Now, look at his daughter, she is working in a big company in Chennai and earning well. Why can't we also do the same? Then girls will not become a burden". So, with my ANM work, I have been able to change some practices that are not good for women, and also for whole society.

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Vijayalaxmi's Story

ANMs save countless lives each year!

I have always enjoyed my work as an ANM. Whenever there is a new project being implemented in my district, I am the first to volunteer and be a part of it. Being part of projects also takes time because you have to attend meetings and workshops and motivate people. I also try not to refuse any training programme for which I am nominated. I have learnt so many new things through these training programmes and projects. Attending IMNCI and SBA training, and being part of HIV Peer Educators Project and Midwifery Strengthening Project has taught me many things. It has also helped me meet many people – experts in midwifery and public health - and to interact with Indian and foreign specialists. All this has inspired me to perform better. I started regular birth preparedness sessions for pregnant women and their families in my sub-centre after being taught in the Project.

I know the importance of being an ANM. The poor people do not have anyone to help them, only an ANM. I respond to calls for help from

I also try not to refuse any training programme for which I am nominated.

women. Whom else will they ask, if not the ANM? Helping people gives me a lot of satisfaction. It has given me the fortune of saving lives of many mothers and babies. What else can be better than this? Today I want to share some stories of how I saved the lives of mothers and newborns in the recent years. I picked up these cases to demonstrate the amount of work the ANM has to do for every mother and baby, if they are going to survive and be healthy.

Saturday is meant for conducting outreach immunization sessions to cover children who live in villages and hamlets away from the main village. My main subcentre village is Kondapur (also PHC headquarter) and regular immunization sessions are conducted here on Wednesdays.



On Saturday, 18th February, 2006, I was returning back from conducting immunization session in Marepally village. It was 3.30 PM. Summer heat was beginning though it was only mid February. It had been a tiring session. Any outreach session is exhausting, not because of the travel and the heat, but having to find excuses for not being able to give the best to the people. I knew what I was offering to people was extremely inadequate compared to their problems. They needed good nutrition. Most of the time, they were sick because of the poor food and unhygienic conditions. We ANMs have to tell people many times, "eat good food, keep clean". I know it is not easy to eat good food and be clean in their circumstances. On this Saturday also, there were

many people who needed my help. I tried to do as much as possible after completing the immunization rounds.

I entered the PHC, hot and tired. I just wanted to have a wash, sit under the fan for some time and eat my lunch. Then, I thought I would spend some time to complete the recording for the day. Better to finish the recording today itself, I told myself. Work is not bad but recording is a tiresome job and takes a lot of time.

But all my plans changed as soon as I entered the PHC. My rest and hunger had to be postponed. Just as I stepped inside, the contingency worker met me and said there was a woman in labour. There were no other people – doctor or staff nurses on duty. I walked into the labour room immediately, and saw that it was one of my cases - Anjamma w/o Narayana. I had examined and cared for her throughout her pregnancy. She had two sons and was hoping to get a daughter this time. Several times, when I raised the topic of sterilization during my antenatal visits, Anjamma would answer, “Lets wait and see, if I get a daughter this time, then, may be”. There was no point in pushing her. She wanted a daughter.

Anjamma was now lying on the labour table, pale and exhausted. As soon as she saw me, her eyes lit up. “Do something, amma” she pleaded. There were no contractions. Anjamma’s uterus was relaxed and refused to do any more work to push the baby out. As I was getting ready to do pv, I saw the head at the perineum. There were no fetal heart sounds. There was a huge caput, and a perineal tear. I spoke to Anjamma and asked her to explain to me what happened. Anjamma said that her pains had stopped and she did not feel anything except the weight at her perineum.

I realized that the situation was bad. I thought, “there is already a tear, so I cannot give episiotomy and take the baby out. It may not heal for a long

time and may lead to infection. I must do something to get the baby out, without intervention. Otherwise the baby may not survive". I thought fast, "must do something to divert her and make her give one big push, but what?" Then I saw her long hair matted with sweat. I took a bunch of her hair at the ends and pushed it down her throat without telling her. She retched with nausea and jerked. While she struggled with the nausea and sneezing, the head popped out. It was a baby girl, just what Anjamma wanted!

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But it was too early for celebration. The baby did not cry. I wiped it dry and cleaned the secretions from the nose and throat and patted on the back. Still no cry! There was a feeble heart beat but no movement. I wrapped the baby in a dry cloth and started mouth to mouth breathing. I did this for nearly 15 minutes but with no further sign. My mind kept remembering all the measures for newborn resuscitation that they told us during IMNCI training. I knew I was running out of time. I interrupted mouth to mouth respiration just for a few seconds, and shouted to the hovering grandmother, "Have to go to Sangareddy hospital, get an auto. Fast!". The grandmother mumbled, "we have no men with us, who will get the auto, I have no money, how will we go?" She started wailing loudly, "Oh, my grand-daughter is going to die, what sin have I committed?"

I had to stop mouth to mouth breathing again and say firmly, "If you don't do something fast, you will not have this grand-daughter. Stop crying. I will bear the cost, go quickly and get an auto". By the time we got the auto and reached the hospital, it was another 20 minutes. I continued

mouth to mouth respiration in the auto, urging the driver to move fast. Just as we were entering the hospital gate, the baby made a little whimpering sound, and then a few more sounds, and then cried little weak cries. Was it my persistent breathing into her lungs or the jerks of the auto, I cannot say!

Holding the baby, I rushed into the casualty, spoke to the doctor and got the baby admitted within minutes. The doctor smiled at my anxiety and said, "You are in such a panic, but the baby is breathing". I thought, He has not witnessed the problem, he did not see the baby at birth. So he does not understand my panic. Instead I said, "Yes now you are seeing the baby breathing sir, but the baby was almost lifeless. She could have died and we would have another newborn death in our district."

I stayed with the mother in the hospital and spoke to the auto driver. He was from one of the villages in my area and knew me. I told him, "Don't worry about the payment, I will make sure you are paid. You have helped to save the baby today. Go with this old lady to her home and bring her back. I will wait till she comes back with clothes and other necessary items for spending the night in the hospital". The auto driver said, "It is alright amma, you are telling. I will go, no problem with the money".

In the meantime, Anjamma's perineum was sutured and she was given postnatal care. The baby was put to the breast. It was 9.30 in the night by the time I reached home. I had bath, cooked fresh food and ate. The lunch box in my bag was almost forgotten. The baby girl who survived so miraculously is now 9 years old. Though she is healthy, she is undernourished. I have followed her up several times and also discussed her growth with the Anganwadi worker. I made sure she was given additional care and food in the Anganwadi Centre.

Saleema Begum already had one boy and one girl. Saleema was anemic and

had high blood pressure – 150/100 mm Hg during the 9th month. So, I decided to get her admitted to the hospital before the due date as a precaution. I discussed with the ASHA of the village. Together, we took her to district hospital in Sangareddy and got her admitted. I then monitored her progress directly and also through the ASHA. After keeping her for three days the district hospital doctors referred Saleema to Gandhi Hospital - the Medical College Hospital in Secunderabad on 24th February 2008.



Saleema however, gave birth in I08 ambulance at the gate of Gandhi Hospital. The mother and baby were taken inside, given basic care and discharged after 24 hours.

I then visited the mother and baby at home accompanied by the ASHA. The baby was only 1.5 kgs. The mother was poor and the baby was low birth weight. Why they discharged her, I cannot say. Since the teaching hospital itself had sent them home, I decided to do the best I could for the baby at home. If it was a small hospital, we can take her to a bigger hospital, but when the big hospital itself rejects, where can we go? I sat with the family and taught them the importance of keeping the baby warm. I demonstrated Kangaroo Mother Care. I asked the family to buy a bulb of 200 volts and got it fixed in the house in a manner that the warmth would reach the baby. I told the mother, “If there is power put the baby under the warmth of this bulb, here at this distance, not too close, for a few minutes each time. When there is no current, always keep the baby on your chest, inside your blouse. Let the baby feed as much as it wants”. I asked the ASHA to check on the baby as frequently as possible. I visited Saleema almost on a daily basis and checked the baby’s weight and health

condition each time. Gradually, I could see some improvement. The baby began to feed well and gained weight. It gives me a lot of satisfaction to see this girl now, alive and healthy and going happily to school.



Parla Durgamma had a normal delivery in the PHC on 30.07.2006. I gave the family information on all the precautions about newborn care - regular breast feeding, KMC, keeping warm, cord care, etc. before they left the PHC. On the 7th day, I made a home visit to assess the mother and baby. It was raining and there was a cold wind blowing. When I entered the home, I found the baby lying on a cot near the doorway, wrapped in only a thin piece of cloth. This upset me, "Durga, did I not tell you to keep the baby warm? See the rain outside. It is so cold, even we adults feel like covering and staying near the oven. You have covered her in a thin cloth and put her near the door. The baby will become sick" I nearly shouted at the mother in my anxiety. Durga was very apologetic. "Yes, amma, you told me all that, but it has been raining since yesterday and all the cloth pieces are wet, see behind you on the rope, so many cloth pieces there, not even one piece is dry".

I lifted the baby and held it close and went inside the house where it was a little warmer. The floor was also damp. When I removed the thin cloth layer, the baby's skin was cold. I checked the temperature and found it was below normal. Durgamma said, "She is not drinking milk, many times I tried, she is not interested". I was getting upset. I knew why the baby was not sucking. But there was no point in being angry with Durgamma now, I thought. I sat down with Durgamma, kept the baby close to the breast and

guided the baby to the breast. The baby was listless. I told them very firmly, "This is a serious condition, the baby is very sick due to the cold. If we don't go to the hospital immediately, the baby may not survive". They were scared. I told them not to worry but to get on auto and I would also go with them to hospital. We went to the hospital and the baby lived. It was one of the most satisfying moments for me.

I received many awards for my sincere performance. The District Collector awarded me a Gold Medal on World Population Day (11.07.2007). In recognition of my work in saving newborn lives. I was selected to be on the District Evaluation Team. They wrote about my babies in the IMNCI Newsletter and a National Team came to my village to interview me, talk to the family and cross check the details. I participated in many state and national workshops and presented my experiences.



The work of the ANM is very hard, but also very satisfying. Now we are not doing deliveries in the field. The government has discouraged home deliveries. We want to do in the subcentres, because it will be easy for women. But the subcentres do not have good facilities. Our work in antenatal care and post natal follow up is also very important for saving lives and giving health messages. If the government gives us more support, we can do so much more health service.

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